PHILIP MORRIS EUROPE
R 14 JUIN 1983
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ADDICTION

It is frequently claimed that smoking is addictive. However, a review of the statements made on this subject show that there is no general agreement on this claim.

The first Surgeon General's Report on Smoking and Health, in 1964, said the practice of smoking "should be labelled habituation to distinguish it clearly from addiction".

Thirteen years later the Director of the U.S. Government Office on Smoking and Health said that "the scientific evidence on that point has grown rapidly to show that you cannot account for smoking behaviour on the basis of some such simple kind of physical addiction to nicotine...there is good evidence to show that this is not so".

In 1977, to the question "Is cigarette smoking an addiction?", the American Cancer Society responded, "The short answer is no".

In his 1981 report on smoking, the Surgeon General refused to support any "addiction" finding: "A great amount of preliminary data already exists on the role of nicotine in human smoking behaviour, but the influence of tolerance and dependence on nicotine on the initiation, maintenance and cessation of smoking behaviour are still not resolved".

William Pollin, Director of the National Institute of Drug Abuse (NIDA) made the addiction charge in 1982 at a Congressional hearing on cigarette labelling legislation.

The claim was challenged by Dr. Theodore Blau, President of the American Psychological Foundation and past president of the American Psychological Association, who testified that "no general agreement among scientists exists in answer to the question of whether cigarettes or their contents are addictive".

Blau quoted Dr. Stanley Schachter, in a 1979 NIDA publication, as saying that "the data supporting the proposition are not particularly good : in fact, looked at with a ruthless eye, they are rather flimsy". According to Blau, when scientists are asked they generally agree that we have a long way to go before we can give scientific support to the statement "cigarette smoking is addictive".

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At one Congressional hearing, Senator East (Republican-North Carolina) cautioned against comparing tobacco and drugs as bringing "science into disrepute because the common sense of the man or woman in the street would say, 'Hey, that won't wash'. Why? Because common sense tells us that a heroin addict is destroyed as an individual. They simply become dysfunctional".

In fact, carelessness is destroying the usefulness of the concept of "addiction". In autumn, 1982, in a speech, the Surgeon General declared that youngsters are "addicted" to video games. Blau, in his testimony, rejecting use of the term to characterise smoking, said : "People have equally strong attachments to tennis, jogging, candy, rock music, coca-cola, members of the opposite sex, and hamburgers... removal from these activities can cause sleeplessness, irritation, depression, and other uncomfortable symptoms".

Statements that cigarettes are addictive ignore the claims of governments that millions of smokers quit, many without assistance.

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ADVERTISING

Consumer protection laws and the machinery for their enforcement, which provide a sensible protection of the public against false or misleading advertising claims, are clearly appropriate. No responsible industry would object to them.

But the end result of unjustified advertising restrictions on tobacco - or any other legal product - can only be to limit choice; to block the free flow of information; to emasculate competition, cancelling its benefits; to penalise the advertising media by denying them revenue; to inhibit commercial investment and employment; to jeopardise present investment; and to place powers of censorship in the hands of self-appointed pressure groups or statutory committees who, lacking commercial experience and commerical responsibility alike, have no right to wield them.

This paper examines, under seven main headings, the intended effects of cigarette advertising restrictions, their very harmful side-products, and the unfounded allegations against cigarette advertising.

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1. Cigarette advertising has no significant effect on total consumption

Cigarette advertising is not aimed at increasing total consumption. It is, however, designed to influence brand preference and to help the consumer select a particular brand, once the decision to purchase the basic product has been made. There are no campaigns encouraging people to "smoke more cigarettes", only campaigns saying "smoke our cigarettes, not theirs."

Nevertheless, the opponents of smoking, who wish to ban cigarette advertising, use as one of their two main arguments the claim that advertising increases total consumption. Both statistical and empirical evidence indicate that this claim is unfounded.

One of the most thorough statistical studies on this subject was carried out by the Metra Consulting Group on the United Kingdom cigarette market. This study, which covered the years 1958 to 1978, was broadly recognised by the U.K. Department of Health and Social Security. It concluded that "No evidence has been found of a significant association between the total level of media advertising and total cigarette sales."

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Much empirical evidence is available. Professor Reinhold Bergler, head of the Institute of Psychology at Bonn University in his book "Advertising and Cigarette Smoking - a Psychological Study", published in 1981, surveyed two studies embodying empirical evidence. The first, conducted by J.L. Hamilton in 1975, examines the effects of bans on broadcast advertising in 10 industrialised countries outside the iron curtain. Commenting on Hamilton's finding, Bergler says: "In the final analysis, therefore, the bans on advertising proved ineffective, and the theory that there exists a positive correlation between the volume of advertising and the volume of cigarette consumption must accordingly be dismissed as false." The second study, carried out in 1977 by Eugene Levitt, Director of Psychology at the Indiana University Medical School, considered the results of media bans in 6 countries of the same category as those covered by Hamilton. Bergler's conclusions on this study are: "All the available data point to one conclusion and one conclusion only. Imposing a ban on cigarette advertising - irrespective of the media forms to which it applies, and irrespective of the time it comes into force - is not an effective way of slowing down the rise in cigarette consumption, still less a means of producing a decline in consumption."

In many countries operating total bans, consumption has increased more rapidly than in countries which have imposed even limited advertising restrictions. For example, tobacco

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consumption is growing faster in the Communist Eastern Bloc where no cigarette advertising at all has been permitted for years, than in the "Free World", where there is still advertising albeit with certain media limitation in some countries. In the Eastern Bloc, excluding the U.S.S.R. where supply problems have almost certainly depressed consumption, the increase in cigarette consumption was 43% between 1970 and 1980, as against a 35% increase in the "Free World" over the same period. The most remarkable Eastern Bloc country increases, over those 10 years, were Bulgaria 74% (in the context of only a 5% population increase) Yugoslavia 71% and East Germany 58% (despite a marginal fall in population).

Similar examples are to be found in other countries with total bans on cigarette advertising. For example, in Thailand, all advertising was banned in 1969, but cigarette consumption during the 1970's grew at over twice the average rate for the whole "Free World".

2. Cigarette advertising does not cause either adults or young people to start smoking

Almost invariably the second main argument used by the opponents of smoking against cigarette advertising is that it causes both adults and young people to start smoking.

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The industry regards smoking as an adult custom, which adults may decide to follow in the light of mature, informed freedom of choice, and the industry maintains that its advertising is not a proven factor in leading anyone to start smoking. The facts support this view.

As Karl Wärnberg stated in the conclusion to his presentation at the Third World Conference on Smoking and Health (1975) entitled "Ban on Advertising - what then?": "No empirical research has been able to show that aggregate brand advertising leads to greater tobacco consumption. Nor has anything been found to suggest that advertising entices non-smokers, young people in particular, into becoming smokers. It follows, therefore, that there can be no evidence showing that a ban on advertising would result in reduced tobacco consumption and fewer new smokers."

A further comment on these lines was made by the then Director of the United States Office of Smoking and Health when he said: "It is quite correct, on one hand, not to make ads the culprit in terms of why teenagers, for example, take up smoking. Advertising is certainly not the culprit." A 1977 Gallup survey undertaken to study smoking habits in American teenagers also found that advertising was not among the reasons given for beginning to smoke.

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Indeed, all the research work so far done, much of it by bodies opposed to the tobacco industry, has failed to prove that advertising induces young people to smoke. Nor is there proof that advertising has the power to start people smoking.

The reasons why people start smoking are complex, and mostly concerned with the individual's psychology, background and social context. He or she starts to smoke because of internal and external factors which have to do with the kind of person he or she is, with the example of parents and friends and with social influences exerted by peer groups. All that seems clear from the research that has been done.

It is also clear that the conclusion of serious responsible researchers is that advertising plays no significant role in initiating the use of tobacco products.

3. Censorship, through advertising bans, denies the principle of free choice and full product information

The principles of individual choice and individual responsibility for one's own actions are fundamental to any free society. Hand-in-hand with those principles go freedom of speech, freedom of action and freedom to select one's own style of living - providing that one stays within the law.

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Of these principles the freedom of individual choice, as related to the consumer, is of course particularly threatened by bans or restrictions on cigarette advertising. Opponents of smoking have argued that a ban on advertising would convincingly express government disapproval of smoking and that this in itself would lead people not to do it. The fallacy of this argument is clearly shown by the evidence quoted in the first section of this paper, that brand advertising has no significant effect on total consumption. It is apparent therefore, that people will exercise their right to choose to smoke, despite advertising bans and their alleged implication of government disapproval. Indeed the very fact that "authority" disapproves of something is for some people a reason to try it.

Faced with this situation opponents of smoking fall back at times on the argument that smoking is not merely an individual responsibility, because it may lead to illness which must be treated at public expense. The argument is of course totally untenable because practically everything we eat, drink or do has been accused of causing disease which must be treated at public expense. Why then should smokers be singled out for special discrimination? The argument also implies that populations are incapable of looking after themselves and unfit to make their own decisions, in consequence of which they must be subjected to a form of censorship.

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For consumers, however resolved they may be to preserve their freedom of choice, advertising bans are a menace because they deny them the right to be informed of all the factors which might influence that choice. Smokers are thus deprived of information on available brands, new brands, prices, and tobacco qualities - and the main and most efficient means of imparting this information is advertising.

The European Association of Advertising Agencies' memorandum on Cigarette Advertising in June 1978, made some telling points on the assistance to the smoker arising from the provision of such information in countries where cigarette advertising exists, as opposed to the lack of it - particularly information on new products - in Eastern Europe where cigarette advertising is totally banned. It said: "This resulted, for example, in the predominance of the filter-tipped type of cigarette in most countries where advertising is allowed. The market share of filter cigarettes in those countries is between 85% to 90%. In Eastern Europe, however, it is well below 50%. Moreover, advertising has helped support consumer demand for lighter brands as shown, for instance, by the development of the German cigarette market. Within twenty years the contents of condensate and nicotine in the overall German cigarrette market was reduced by more than 50%."

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Finally, the referendum held in Switzerland in recent years on the question of whether or not cigarette and alcohol advertising should be banned, evoked the following comment from Dr. Raymond Broger, Member of the Swiss Parliament and President of the Swiss Advertising Association, which summarises admirably what has been said in this section on the two principles referred to in its title: "The Swiss Parliament and the Government recommended the people of this country to reject the postulated ban on advertising. Our people followed this advice and I consider this to be a wise decision. Once again the Swiss people have declared themselves as being in favour of self-responsibility and freedom for the individual, and at the same time in favour of the right of the people to seek and obtain information through the advertising media. They have therefore, in accordance with their tradition, spoken out against state interference in those matters where such interference is neither effective nor appropriate."

4. Censorship, through advertising bans, restricts competition and inflicts economic damage

Advertising bans deprive society, individuals and companies, of benefits which they stand to enjoy under a relatively free and unrestricted economic system.

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A system of many tobacco brands competing vigorously through advertising does bring with it distinct benefits. These all stem from the fact that a manufacturer, who is free to advertise, will always be energised by the possibility of winning more market share by developing new, more acceptable product types, to suit current tastes, preferences and income levels, which he can bring through advertising to the attention of the consumer.

Without advertising, however, there is little or no incentive for the manufacturer to invest in any product innovation. The opponents of smoking, who advocate advertising bans, seem conveniently to forget this when they favour the swing to filter cigarettes and advocate even greater reduction in yields of 'tar' and nicotine. They ignore the fact that brands of these types derived from product innovation in response to changing consumer preferences, and that advertising for these new products enabled consumers to become aware of them. From this awareness grew a trend towards these types to which manufacturers have responded around the world.

But such a trend, seen by many consumers to be beneficial to them, has to date made little progress in the countries of the Communist Eastern Bloc, where all advertising is banned. In those countries the filter penetration in 1980 of the market was estimated to average 43%, compared with an equivalent figure of 86% in the "Free World". In the same countries low

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yield cigarettes - 15 mg of 'tar' or below - have an insignificant share of the market, whereas already such products account for over 20% of consumption in the whole "Free World". To take two notable examples, in the U.S.A. the figure is 48% to 50% and in West Germany it is nearer 70%.

A further benefit, which advertising bans eliminate, is the cost-lowering effect of advertising. As a Netherlands study conducted by the Steering Group of the Dutch Advertising Association pointed out:-

"In all, advertising has a cost lowering effect, which, if competition is adequate, is passed on to the consumer as a price advantage. Advertising forces companies to make competitive offers which the consumer can verify. Advertising therefore acts both on lowering prices and increasing quality."

In short, competition provides the incentive; advertising provides the means; consumers derive the benefits. Take out advertising, and both incentive and benefits disappear.

5. Cigarette advertising has not created and does not create a climate of acceptability for smoking

Smoking is seen as acceptable for two primary reasons. Firstly, is is part of the established social fabric and people have been smoking for centuries, since long before advertising began. Secondly, smoking products are widely and legally offered for sale. Limiting or banning advertising would not

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change either of those facts and only anti-smoking zealots would suggest that smokers should be ostracised or that smoking should be made illegal. Smoking is acceptable because it has been accepted by many individuals as an enjoyable activity. Tobacco advertising is a result, not a cause, of that acceptance.

6. Advertising does not manipulate the consumer

Critics of advertising, including the opponents of smoking, often view it as a manipulative force, used by advertisers to create consumer wants. This is incorrect, however, as the decision-making power lies not with the advertiser but with the consumer. Consumer purchasing choices are decisions purposefully made by the individual, rather than involuntary responses to a manipulative force.

Those who believe advertising to be manipulative take a rather unflattering view of the consumer as being weak-willed and without a mind of his own. The well-known United States social observer and newspaper columnist, George Will, suggests that this view is maintained by "those intellectuals who regard the masses as sheep and themselves as shepherds."

Consumers are not sheep, as some researchers have reminded advertisers. For example in his book "The Intellectual and the Market Place" Professor George Stigler contended:-

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"The advertising industry has no sovereign power to bend men's will - we are not children who blindly follow the last announcer's instructions to rush to the store for soap. Moreover, advertising itself is a completely neutral instrument, and lends itself to the dissemination of highly contradictory desires."

Advertising is not therefore a manipulative force, as evidenced by the views of experts quoted above, which are supported by many other distinguished writers in this field.

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CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is a complex set of diseases, the main components of which are chronic bronchitis and emphysema. Although some scientists believe that cigarette smoking has been identified as the primary factor in COPD development, others have demonstrated that the origin and clinical progression of COPD are still poorly understood.(1)

A recent medical textbook, for example, noted that the genesis of the two most common forms of emphysema is "essentially unknown" and that "there is no reason why several etiologic and pathogenetic factors may not be involved".(2) Similarly, statements by the United States Department of Health, Education and Welfare, which is well-known for its anti-smoking position, have conceded that the cause or causes of emphysema are not known.(3)

Diagnosis and Definition

Both clinicians and epidemiologists often find it difficult to distinguish between bronchitis and emphysema. In 1967, the annual U.S. HEW report on smoking and health recognised that this "inability to distinguish between chronic bronchitis and emphysema has hampered medical research ...".(4) Ten years later a British epidemiologist made it clear that a similar state of confusion still exists. He wrote that the use of the phrase "chronic bronchitis" to describe various syndromes is "confusing and misleading ".(5) He also said that "it is sad that there is no longer such wide agreement on the definitions and classification of chronic non-specific lung diseases ...".(6)

Lung Changes

The uncertainties regarding causation and diagnosis have generated interest in attempting to identify early lung changes that might predict COPD development. Subtle differences in the results of certain lung function tests, in cell structure and colour, in the speed with which substances are cleared from the lung, etc., have been studied. Part of this work has suggested that some smokers may develop such changes, but the meaning of these changes, when they do actually occur, has yet to be determined.-(7) For example, one review of available information on changes in the periphery of the lung said : "Although these abnormalities can be found in some smokers, it is not at all clear whether chronic obstructive lung disease will eventually develop in these people. Long-term follow-up studies will be necessary to establish this point ".(8)

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Other Factors

Like some other diseases, COPD apparently has a strong familial tendency. COPD patients' brothers and sisters reportedly have, for example, an increased frequency of COPD.(9) This "family factor" has not yet been defined, and the agents responsible for it "remain in large part unstudied ".(10) A mixture of heredity and common environmental influences is probably involved, but at this point, no one knows for certain.

Evidence of this family factor may be found in reports of abnormal lung function and/or increased lung disease rates in the relatives of patients with malignant (cancer) and non-malignant (COPD) lung disease. Dutch researchers, for example, discovered an unusually high incidence of COPD in lung cancer patients' families, and observed that this link between COPD and lung cancer was independent of any effects of smoking. They considered COPD to be a "constitution-based disease".(11) An American research group reported a similar finding of significantly increased rates of lung dysfunction among the first-degree relatives of COPD and lung cancer patients. Although the authors are strongly anti-smoking, they admitted that these increased rates could not be explained by smoking.(12)

In addition to this "family factor", a history of repeated childhood respiratory illnesses has been associated with an increased risk of COPD in adults. This association reportedly exists whether or not the individual smokes.(13)

Air pollution should also be considered in any discussion of COPD etiology. Scientists studying a group of Rotterdam residents discovered that their respiratory function declined significantly between 1972 and 1975. After finding "no difference in the decline in ventilatory function between groups of smokers or non-smokers", the authors concluded that atmospheric pollution was the most likely cause of the decline.(14)

A particular form of air pollution, occupational exposure, is also potentially significant. For example, Hungarian scientists studied smoking and non-smoking coal miners and found that "the observed obstructive lung disease cannot be ascribed to smoking" and that the "decisive factor" was the miners' exposure to dust.(15)

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Conclusion

Extensive research is still needed to study COPD causation and development. In the midst of his highly anti-smoking book on COPD, even the staunch anti-smoker Sir Charles Fletcher conceded that "most smokers suffer no substantial obstructive damage" (16), and that "research is still needed" to discover the reason. (17)

As scientists from the famed Mayo Clinic recently said : "It remains a fruitful area of research to identify important components in the multifactorial etiology of COPD" (18).

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(2) ROBBINS, S. and COTRAN, R. : Pathologic Basis of Disease 2nd Edition, (Philadelphia : W.B. Saunders Co., 1979)

(3) NATIONAL HEART AND LUNG INSTITUTE, Submission, U.S., Congress, House, Subcommittee of the Committee on Appropriations, Departments of Labor and Health, Education and Welfare Appropriations for 1974, Hearing, 93rd Congress, 1st Session, (March 28, 1973); (Washington : Government Printing Office, 1973) pp. 291-296

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(4) U.S. PUBLIC HEALTH SERVICE, The Health Consequences of Smoking, A Public Health Service Review : 1967. Department of Health, Education and Welfare, Washington, PHS Publication No. 1969, Revised January, 1968.

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(6) Ibid.

(7) DASILVA, A. and HAMOSH, P. : "Airway response to short-term inhalation of tobacco smoke" Chest (February, 1977) 71 (2) : pp. 139-141

(8) MCFADDEN, E. and INGRAM, R. : "Peripheral airway obstruction" Journal of the American Medical Association (January 19, 1976) 235 (3) : pp. 259-260

(9) KUEPPERS, F. et al. : "Familial prevalence of chronic obstructive pulmonary disease in a matched pair study" American Journal of Medicine (September, 1977) 63 (3) : pp. 336-342

(10) TAGER, I. et al. : "Studies of the familial aggregation of chronic bronchitis and obstructive airways disease" International Journal of Epidemiology (1978) 7 (1) : pp. 55-62

(11) ORIE, N.G.M. et al. : "Common familial component in lung cancer and chronic obstructive pulmonary disease" Lancet (1977) II p. 1138

(12) COHEN, B.H. et al. : "A common familial component in lung cancer and chronic obstructive pulmonary disease" Lancet (1977) II pp. 523-526

(13) BURROWS, B. et al. : "The relationship of childhood respiratory illness to adult obstructive airway disease" American Review of Respiratory Disease (May, 1977) 115 (5) : pp. 751-760

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(14) QUANJER, P. et al. : "Epidemiologic follow-up investigations of lung function. SEPCR Working Group Meeting" Scandinavian Journal of Respiratory Diseases (1976) 57 : pp. 309-310

(15) SARDI, F. and ANDIK, I. : "Pulmonary function in smoking and non-smoking coalminers" Act. Physiol. Acad. Sci. Hung. (1976) 48 : pp. 259-260

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CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Contradictory findings

- "Animal experiments have failed to reproduce pulmonary emphysema from long-term exposure to cigarette smoke, although this has been successfully done for sulfur oxides, nitrogen oxides and other inhalants."
  AVIADO, Domingo M., President, Atmospheric Health Sciences, Inc., Adjunct Professor of Pharmacology, University of Medicine and Dentistry of New Jersey, Newark, New Jersey, U.S.A. ...Hearings before the House Committee on Energy and Commerce, Subcommittee on Health and the Environment, regarding the "Comprehensive Smoking Prevention Education Act" (Waxman Hearings, 1982). (APPENDIX) p. 536

- "Functional and histopathological studies in humans show uncertain and inconsistent effects of cigarette smoking that do not support the causal relationship between cigarette smoking and chronic obstructive lung disease."
  (AVIADO ibid p. 536)

- "The initial series of studies conducted by the author* and his colleagues dealt with the effects of cigarette smoke in dogs. These studies failed to show that inhalation of cigarette smoke caused pulmonary emphysema."
  (AVIADO ibid p. 538)

- "In 1967, the author* and his collaborators developed an experimental model for producing pulmonary emphysema in rats. Unlike other models reported hitherto, this model permitted functional measurements in addition to histopathological observations signifying pulmonary emphysema. The exposure of animals to cigarette smoke did not cause pulmonary emphysema."
  (AVIADO ibid p. 539)

- "In 1974, the author* and his collaborators developed a technique for measuring lung function in the mouse that could not be performed previously. Chronic exposure to cigarette smoke simulating the dosage of smokers did not cause pulmonary changes signifying emphysema."
  (AVIADO ibid p. 539)

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* AVIADO himself

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- "Animals exposed to low levels of products of fuel combustion show impaired lung function and pathological lesions characteristic of pulmonary emphysema and bronchitis. . . .This author questions the logic of finding cigarette smoke 'the major cause' of pulmonary emphysema when primary air pollutants have been shown to cause pulmonary emphysema in experimental animals, and with the same models, cigarette smoking has not."
(AVIADO ibid p. 540)

- ". . . I see every day patients with cancer, and lung and heart disease, who have never smoked." SACHS, Bernice C., Psychiatrist, Cooperative Plan, Seattle, Washington, U.S.A. ... (ibid p. 743)

Controversy continues

- "A careful examination of the chapter (on non-neoplastic bronchopulmonary disease in the 1979 Surgeon General's Report) raises questions about the validity of that statement (that "smoking is the major cause of chronic obstructive lung diseases such as emphysema") because of the complexity of the causation of chronic obstructive lung diseases in general and of pulmonary emphysema in particular. Although there are a multiplicity of suspected pathogenic mechanisms and of etiologic factors, the Surgeon General's Report refers only to those relating to cigarette smoking with an incidental discussion of outdoor pollution, indoor pollution, infections and familial or genetic predisposition."
(AVIADO ibid pp. 535-536)

- "This author questions the logic of finding cigarette smoke 'the major cause' of pulmonary emphysema when primary air pollutants have been shown to cause pulmonary emphysema in experimental animals, and with the same models, cigarette smoking has not."
(AVIADO ibid p. 540)

- "Respiratory symptoms and small airway functional tests . . . are not necessarily indicators of adverse effects or pathological processes."
(AVIADO ibid p. 542)

- "That smokers show abnormal lung function has not been uniformly observed."
(AVIADO ibid p. 542)

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- "Adrenergic stimulation increases mucociliary transport, an effect to be expected from cigarette smoking. Patients with predominant pulmonary emphysema but without chronic bronchitis are reported to have no impairment of mucociliary transport. Therefore, it is unlikely that smoking, by accelerating airway clearance, would contribute to the pathogenesis of emphysema."
(AVIADO ibid p. 543).

- "The hypothesis that cigarette smoke causes a protease-anti-protease imbalance and in turn potentially leads to pulmonary emphysema is based on a group of selected observations."
(AVIADO ibid p. 543)

- "Increased mortality from pulmonary emphysema and/or chronic bronchitis among smokers compared to nonsmokers is suggested by seven prospective studies summarized in the 1979 (Surgeon General's) Report. However, these studies are far from being consistent and tend to suggest that many risk factors including cigarette smoking need to be considered in studying the etiology of chronic obstructive lung disease."
(AVIADO ibid pp. 544-545)

- "Cigarette smoking is not 'the major cause' of chronic obstructive lung diseases, such as pulmonary emphysema."
(AVIADO ibid p. 548)

- "There are too many scientific unknowns in the cigarette controversy. We know no more about the mechanisms and causes of cigarette-related chronic deseases than we did 17 years ago when we first required a warning on each pack of cigarettes. How can we then come up with instant findings about lung cancer, heart disease and emphysema?"
FUQUA, Don, (ibid p. 145)

- "The cause or causes of these diseases (cancer, heart disease and emphysema) have not been scientifically established . . . ."
HOCKETT, Robert Casad, Research Director, The Council for Tobacco Research - USA, Inc., New York, NY, U.S.A. (ibid p. 627).

- "As humans living in a frighteningly complex world, we grasp with relief at what appear to be simple answers. Indeed, the readiness with which the existing evidence has been accepted as demonstrating that cigarette smoking is the major antecedent for lung disease is, perhaps, a most striking example of our desire to keep our world simple and orderly.

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"Nature, on the other hand, is not concerned with what we believe causes disease, and the real world is not always simple. In the case of lung disease, in fact, it is highly complex. The factual knowledge about the antecedents of lung disease will remain incomplete if we continue to simplistically blame cigarette smoking and continue to ignore the possible effects of the workplace on the health of workers."
STERLING, Theodor D., University Research Professor, Simon Fraser University, Burnaby, British Columbia, Canada (ibid p. 530).

Need for Research

- "Additional research is needed to determine which of the different risk factors for chronic obstructive lung disease are important in a causal sense."
(AVIADO ibid p. 548)

- "The cause or causes of these diseases (cancer, heart disease and emphysema) have not been scientifically established, and much work remains to be done."
(HOCKETT ibid p. 627)

Opposition to Bills

- "This author* questions the logic of finding cigarette smoke 'the major cause' of pulmonary emphysema when primary air pollutants have been shown to cause pulmonary emphysema in experimental animals, and with the same models, cigarette smoking has not."
(AVIADO ibid p. 540)

- "In my opinion, the proposed amendment to the Federal Cigarette Labeling and Advertising Act will cause justifiable consternation among many earnest and able investigators of cancer, heart diseases and emphysema at the experimental and clinical levels. These scientists labor in the hope of clarifying the etiology and pathogenic steps and stages in the development of these disorders with a view to preventing or delaying their clinical appearance. Contrary to the 'findings' in the bill, however, the cause or causes of these diseases have not been scientifically established, and much work remains to be done."
(HOCKETT ibid p. 627)

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* AVIADO himself

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Other Suspects

- "A careful examination of the chapter (on non-neoplastic bronchopulmonary disease in the 1979 Surgeon General's Report) raises questions about the validity of that statement (that "smoking is the major cause of chronic obstructive lung diseases such as emphysema") because of the complexity of the causation of chronic obstructive lung diseases in general and of pulmonary emphysema in particular. Although there are a multiplicity of suspected pathogenic mechanisms and of etiologic factors, the Surgeon General's Report refers only to those relating to cigarette smoking with an incidental discussion of outdoor pollution, indoor pollution, infections and familial or genetic predisposition."
  (AVIADO ibid pp. 535-536)

- "Animal experiments have failed to reproduce pulmonary emphysema from long-term exposure to cigarette smoke, although this has been successfully done for sulfur oxides, nitrogen oxides and other inhalants."
  (AVIADO ibid p. 536)

- "Epidemiologic studies suggest the association of chronic obstructive disease with several risk factors, such as levels of outdoor and indoor pollution, alcohol consumption, occurrence of previous infections, familial disposition and genetic susceptibility."
  (AVIADO ibid pp. 536-537)

- "Animals exposed to low levels of products of fuel combustion show impaired lung function and pathological lesions characteristic of pulmonary emphysema and bronchitis . . . . This author* questions the logic of finding cigarette smoke 'the major cause' of pulmonary emphysema when primary air pollutants have been shown to cause pulmonary emphysema in experimental animals, and with the same models, cigarette smoking has not."
  (AVIADO ibid p. 540).

- "Increased mortality from pulmonary emphysema and/or chronic bronchitis among smokers compared to nonsmokers is suggested by seven prospective studies summarized in the 1979 (Surgeon General's) Report. However, these studies are far from being consistent and tend to suggest that many risk factors including cigarette smoking need to be considered in studying the etiology of chronic obstructive lung disease."
  (AVIADO ibid pp. 544-545)

* AVIADO himself

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HEALTH PRIORITIES IN DEVELOPING COUNTRIES

Without entering into the rights and wrongs of the politics of tobacco growing in the developing countries, and leaving aside the almost disastrous social and economic consequences that would result from its phasing out, it is essential to get into perspective the alleged smoking-related diseases when viewed in the context of the real health problems that continue to dominate the health situation in the Third World.

As the WHO itself stated in 1979, "The health situation of hundreds of millions of people in the world today is unacceptable, particularly in developing countries. Disadvantaged groups have grossly inadequate or even no access to any regular and permanent form of health care. These groups comprise probably four-fifths of the world's population".(1) Indeed, the WHO states "In the developing countries, contaminated water is perhaps the greatest single factor in the perpetuation of poor health; malnutrition is a close second".(1)

Some 80 per cent of all sickness and disease in the world is related to inadequate water or sanitation. Between 10 and 25 million people die each year from these inadequacies. The WHO estimates that, to meet the target of clean water and sanitation for all by the year 1990, the cost could be in excess of 600 billion dollars.(2)

About one quarter of the people in the developing countries are inadequately fed.(3) Famine is endemic to the 144 countries of the Third World. Each year 50 million people starve to death.(4) According to one representative of the UN World Food Council, "Never before in times of darkest famine has the mortality rate for starvation reached these levels".(4)

Each day, 40,000 children die of chronic malnutrition and repeated infections (5), half of whom could be saved by the adoption of four simple, low-cost health measures.

During a radio interview broadcast by the BBC on April 7, 1983, Dr. Anthony Hall (6), a consultant physician at the Hospital for Tropical Diseases in London, England, in discussing the health problems faced by the developing countries, cited malaria, malnutrition, cholera and typhoid. Smoking was <u>not</u> mentioned.

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In view of these tremendous health problems faced by the developing countries, it comes as little surprise that smoking control does not claim very high priority in the lists of health concerns in these countries - if it appears at all. It is obvious that the developing countries face almost insurmountable problems in the provision of the very basic requirements of primary health care. It would seem that this is the area in which government attention should be concentrated.

(1) ANONYMOUS : "Science and technology for health promotion in developing countries : 1" WHO Chronicle (1979) 33 pp. 399-406
(2) World Press Review (December, 1980) pp. 34-36
(3) WHO Chronicle (1979) 33 : pp. 399-406
(4) World Press Review (January, 1980) p. 56
(5) UNICEF : "The state of the world's children 1982-1983" (December, 1982)
(6) HALL, Anthony : Interview by John Tidmarsh BBC World Service "Outlook" (April 7, 1983) 1515 gmt

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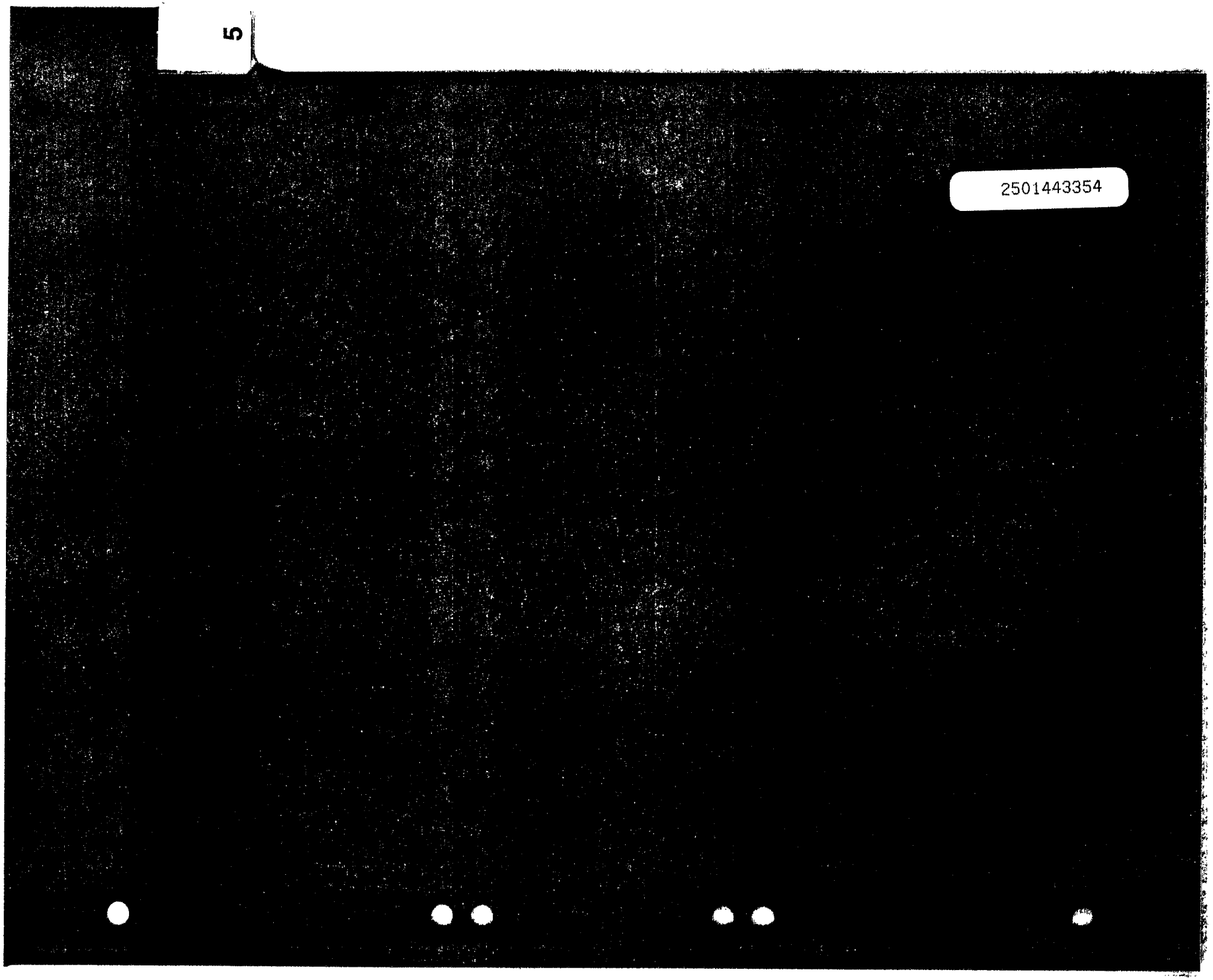

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LEGISLATION

Increasing pressure for the introduction of legislation to restrict cigarette advertising, to demand the inclusion of health warnings on packs, to prohibit smoking in public places may be well meant - but is it well advised?

Advertising bans

It can unequivocally be said that a total ban on advertising and promotion would bring with it serious economic and social penalties without necessarily having the results anticipated by those who support the bans.

Censorship, through unjustified advertising bans, denies the principle of free choice and full product information. It also restricts competition and inflicts economic damage. The principles of individual choice and individual responsibility for one's own actions are fundamental to any free society. Hand-in-hand with those principles go freedom of speech, freedom of action and freedom to select one's own style of living - providing that one stays within the law. Of these principles the freedom of individual choice, as related to the consumer, is of course particularly threatened by unlimited bans or restrictions on cigarette advertising. For consumers, however resolved they may be to preserve their freedom of choice, unrestricted advertising bans are a menace because they deny them the right to be informed of all the factors which might influence that choice. Smokers are thus deprived of information on available brands, new brands, prices, and tobacco qualities - and the main and most efficient means of imparting this information is advertising.

Unlimited advertising bans deprive society, individuals and companies of benefits which they stand to enjoy under a relatively free and unrestricted economic system. A system of many tobacco brands competing vigorously through advertising does bring with it distinct benefits. A manufacturer who is free to advertise will always be energised by the possibility of winning more market share by developing new product types to suit current tastes, preferences and income levels, which he can bring through advertising to the attention of the consumer. Without advertising, however, there is little or no incentive for the manufacturer to invest in any product innovation. This effect is obvious in the countries of the Communist Eastern Bloc, where all advertising is banned. In these countries the penetration of filter cigarettes and of low yield cigarettes is significantly lower than that of the Western World.

Unrestricted advertising bans cannot therefore be justified.

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Warning labels

The suggestions that the use of warning labels in cigarette advertising should be increased and that rotational warnings should be used on cigarette packs is similarly based on preconceptions and misinformation.

In developed countries, intensive media publicity on the smoking and health controversy has ensured that the public is already aware of the issues involved. As one witness commented at congressional hearings in the United States in 1982, "All of the studies conducted about consumer awareness of smoking and heatlh issues lead to the conclusion that people are universally aware of the claims that smoking is hazardous to health". Although this statement referred to the U.S. population, the similarities in media transmission of information on the alleged dangers of smoking and health make it logical to assume that there is a similar level of awareness in the rest of the developed world.

Thus, proposals to introduce rotational health warnings would appear to be unnecessary. Indeed, such action may well be counterproductive. It is in this respect interesting to note that the British government, having had experience of triple rotational warnings, recently saw fit to reduce the requirement to one single message.

Although information about awareness apparently is not available for developing countries, it is likely that word of mouth communication and the radio are potent factors in the dissemination of public knowledge. There is, therefore, no reason to increase the use of warning labels.

Public smoking restrictions

Again, public smoking restrictions are similarly based on misinformation - often as a result of unsubstantiated claims that tobacco smoke causes disease in non-smokers. These rules, many of which clearly impinge on personal liberty, raise as many questions as they attempt to answer. In contrast to the arguments used by the anti-smokers, it is apparent that such public smoking restrictions are not scientifically supportable but are an attempt to make smoking socially unacceptable. Clearly, however, this is not sufficient justification for such restrictions. If the problem is one of annoyance, it can be best alleviated through traditional rules of courtesy and common sense. The answer to problems that may arise in the area of public smoking is therefore mutual consideration between smokers and non-smokers - not prohibitive legislation.

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Lawrence Garfinkel, American Cancer Society Vice President for Epidemiology and Statistics, neatly summed up the situation in 1981, when he made the following comment : "Passive smoking may be a political matter, but it is not a main issue in terms of health policy".(2)

Smoking laws are costly, unenforceable and unfair to large segments of the population. They are an unwarranted government intrusion that cannot be countenanced in a free society.

(1) BLACKWELL, R.D. : Statement in Hearings before the Subcommittee on Energy and Commerce regarding the "Comprehensive Smoking Prevention Education Act" p. 477

(2) GARFINKEL, L. : "Nicht vom eigentlichen Problem ablenken" Münchener Medizinische Wochenschrift (1981) 123 (40) pp. 1483-1484

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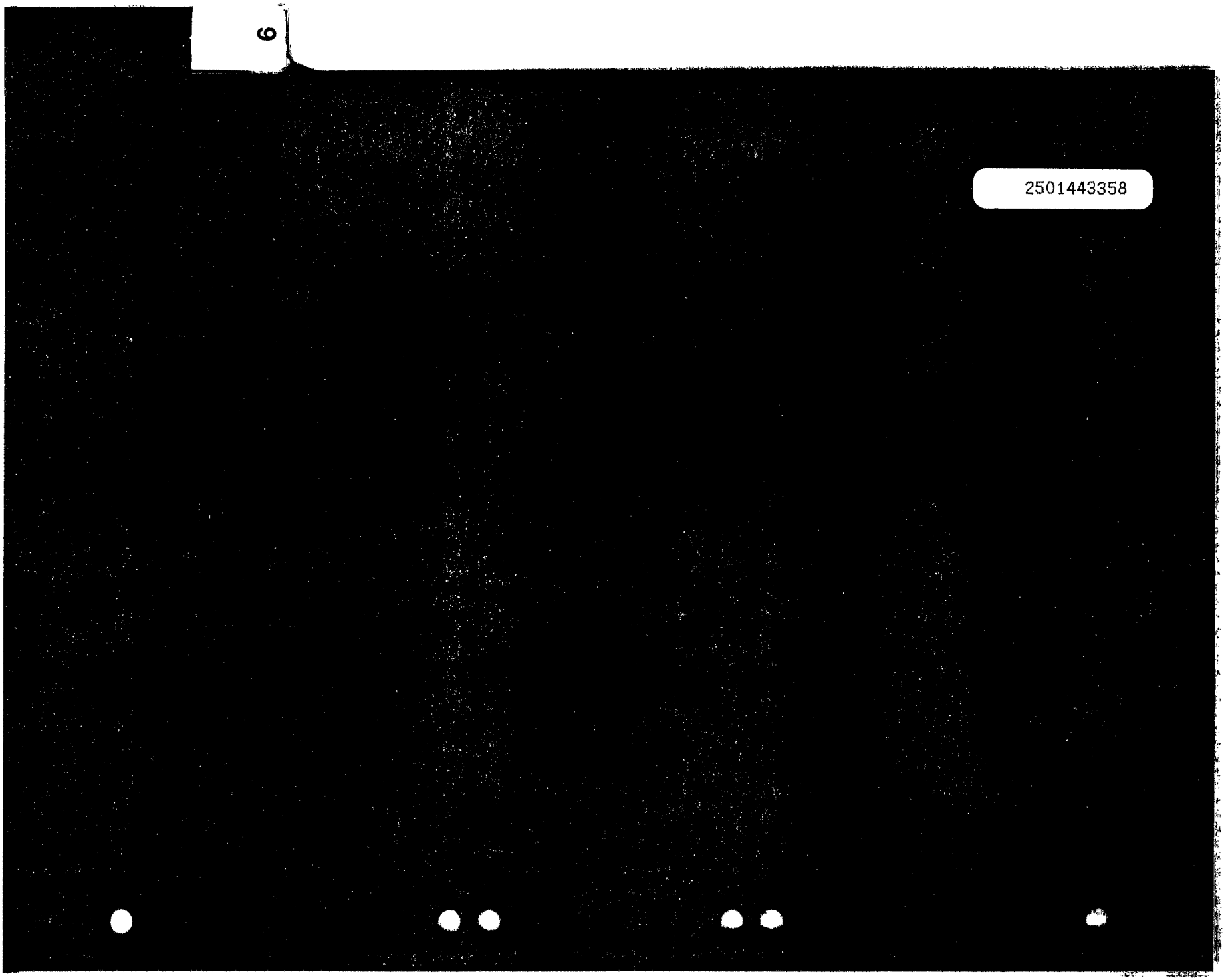

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LUNG CANCER

(Published by the Tobacco Institute, U.S.A. - 1982)

Foremost among the charges against cigarette smoking is the assertion that it causes bronchial carcinoma, or lung cancer. Few have not heard that allegation. An American Cancer Society president even declared some time ago that "without smoking we would not have lung cancer."[1]

That assertion belies the facts. Lung cancer appears in nonsmokers as well as smokers. Moreover, there is an indication that lung cancer seems to be increasingly occurring in nonsmokers -- especially in males.[2]

In an April 1979 report on this phenomenon, a California epidemiologist who believes that smoking does cause lung cancer conceded that factors besides cigarette smoking must have had a significant effect on the lung cancer mortality rate.[2]

Certainly, a higher proportion of the cases in lung cancer studies are smokers. But such findings cannot establish cause. They can only raise questions -- ones that remain unanswered in the dilemma of smoking and cancer.

Animal Experiments

A major question about lung cancer is why experiments in which animals supposedly mimic human smoking repeatedly

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have failed to produce the type of lung cancer for which smoking is most often blamed.

The Surgeon General's report of 1968 admitted this deficiency. Using a variety of animals, large-scale inhalation studies have, it said, "essentially failed in producing squamous cell cancer of the lung."[3]

Today, the situation remains basically unchanged[4] -- despite much-publicized efforts to promote findings reported from a beagle inhalation experiment[5] as laboratory proof that cigarettes cause lung cancer. Indeed, one of the investigators in that experiment announced in the press that he and his colleagues had "closed the circle in linking cigarette smoking and lung cancer."[6] Shortly afterward, the methodology and findings of the dog study were questioned by other scientists, including members of a special National Academy of Sciences panel.[7-10] Further doubt was cast on the project with subsequent reports that the dogs might have been diseased before the experiment began.[11-12]

Other animal experiments have been cited as proof that smoking causes lung cancer. These entailed daubing shaved animal skin with tobacco smoke condensate (tar), which is the particulate matter collected in smoking machines by passing smoke through a cold trap at extremely low temperatures.

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That experiments like this cannot be equated with the human smoking experience should be obvious, even to the layman, for at least three reasons:

- Rabbit ears and the backs of mice are not the same as human lung tissue.
- Inhalation differs markedly from "painting."
- The chemical properties of the so-called tar in such experiments may be quite different from the smoke inhaled by smokers.

Then, too, tar quantities used in many of the experiments were completely unrealistic. The amount has been described as the equivalent of an individual smoking 100,000 cigarettes a day.[13] One researcher went so far as to say such experimental evidence was "claptrap."[14] Even the 1979 Surgeon General's report rather grudgingly conceded that "considerable criticism" has been directed at these studies.[15]

Statistical Studies

Many of the reported findings used as "evidence" that cigarette smoking causes lung cancer come from epidemiologic studies.

There are two primary experimental methods used in these studies. A retrospective study selects a group of lung

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cancer patients, and a group without lung cancer, then backtracks in time to determine smoking histories. A prospective study identifies a specific population group, supposedly free of disease, records their smoking habits and then observes th disease patterns that arise. Both kinds of studies arrange the raw data into various categories and run statistical test to determine if one group (smokers) differs from another (non smokers) in specific disease experience.

Such statistical studies can provide a great deal of information, but, it is important to remember, as one eminent statistician has said, that "cancer is a biologic, not a statistical, problem."[16] Basically, statistics gathered in these ways can prove nothing. They can indicate the likelihood that any observed patterns are not due to chance. But even "statistically significant" results may have no biological relevance.

These epidemiological studies, moreover, can always be affected by inherited tendencies to develop certain diseases, the undiscovered effects of occupational or other environmental exposures and many other behavioral and biological unknowns.

That is why this concession from the Surgeon General's 1979 report[15] is important:

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> Most large scale studies on smoking and health have tended to investigate the role of smoking independently of other behavioral variables, such as alcohol consumption and other life style factors, occupational and environmental hazards and certain psychological factors. These variables are known to be related to health status. [Emphasis added]

Thus, such statistical studies, no matter how large or covering how many years, "do not permit statements about causality. They can only point to differences between the observed groups."[17]

Irregularities have been pointed out[18-20] in the major epidemiological studies[21-26] that have been used to condemn cigarettes. Their precise meaning may be unclear, but they show, obviously, that the case against cigarettes is not as simple as some would suggest.

A recent comment on the subject[27] would appear appropriate:

> Those epidemiological studies that purport to show a causal connection between cigarette smoking and various cancers, but particularly lung cancer, fail when examined critically to establish the causal claim. [Emphasis added]

Mortality Rates vs. Consumption Levels

One large dilemma for the cigarette causalists is the inconsistency of cigarette consumption patterns with lung

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cancer rates around the world. Among the developed nations, the U.S. and Canada have among the highest per capita cigarette consumption figures in the world. But they rank 8th and 15th, respectively, in lung cancer mortality for males. Conversely, while the United Kingdom, Finland and the Netherlands have lower per capita consumption than the U.S. and Canada, they have substantially higher lung cancer death rates.

These examples are based on cigarette consumption and bronchopulmonary cancer rates in the middle 70's, the latest available for comparison internationally.[28-29] Even allowing for a lag period, the trends in cigarette consumption going back to the 1930's are inconsistent with national mortality rates.

Increased Mortality -- Real or Apparent?

Recently, there have been cries of "epidemic" in those nations where sharp rises in lung cancer have been reported. Anti-smokers point to these reported increases and the simultaneous rise in the prevalence of smoking as "proof" that smoking causes cancer of the lung. Such a simple explanation is no doubt appealing to them, but is it right?

The biggest problem in the unquestioning acceptance of this simplism is the kind of data on which the cries of large-scale "epidemics" are based. Most of it is derived from

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death certificates, a less than perfect source, to say the least. (For a discussion, see the chapter on mortality data.)

Another development -- improved medical technology -- also presents problems for this argument. In the early part of this century, doctors had limited capabilities for diagnosing lung cancer in living patients. Not until after 1930 did the main clinical tools -- X ray, bronchoscopy and sputum cytology -- become available to diagnosticians.[30] The "epidemic," then, may reflect medical progress.

But medical progress can become a two-edged sword: Clinicians can overuse their new tools. A Swedish medical team hinted as much in a report in 1975. The scientists, who believe that smoking is related to lung cancer, discussed the clinical and pathologic aspects of more than 700 primary lung cancer cases autopsied in a university teaching hospital over 11 years. They said it is clear that until recently lung cancer was frequently not diagnosed. They added that the increased interest in cancer in general and in bronchial carcinoma in particular had led to a more frequent recognition of it during the patient's life and, in some cases, even when it wasn't present.[31] In other words, they said:

> It is obvious that the frequency figures based on clinical methods are too low in earlier series, whereas in recent years the figures may be too high because of over-

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diagnosis. This may give a false impression of the real increase. [Emphasis added]

Changing Patterns

Even if one assumes for the moment that part of the "epidemic" is real, the trends in lung cancer death rates still cannot be explained satisfactorily by smoking patterns.

For example, statisticians have suggested that the rate of increase in lung cancer mortality may be declining. Others have been quick to suggest that changes in cigarettes and smoking habits have caused the decline. In 1975, a British thoracic surgeon asked whether such changes could explain the shifting lung cancer patterns. He said that this explanation seemed "likely" until one realized that the lung cancer changes actually began 50 years ago, long before the alterations in the smoking habit. He concluded that the observed patterns merely represented the "natural history" of the disease.[32]

Lung Cancer in Women

Reports of rapidly increasing lung cancer death rates for women have sparked the claim that increased smoking in women is responsible.

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But some scientists disagree. As one Canadian researcher commented in the American Journal of Public Health, "Much more significant than changes in women's smoking habits have been the changes in their employment."[33]

More women who develop lung cancer now are women who work,[34] supporting the belief of the longtime director of the National Cancer Institute's environmental cancer program that not enough attention has been paid to their on-the-job exposures. He has written that the adoption of smoking by women cannot explain their lung cancer patterns here or in other countries.[35]

There also seems to be no explanation for the statistical findings of a British medical physicist who carefully examined lung cancer mortality patterns of males and females in England and Wales over the past century. He reported a "remarkable synchrony" in the recorded changes for males and females for the past 70 years. Thus, although the lung cancer rates always have been higher for males than for females, the patterns of increase over time have been almost exactly the same.

Women's consumption of cigarettes, he argued, increased markedly 30 years after the striking rise in men's consumption. Thus, he observed, if smoking caused an increase in

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women's mortality, there should be "kinks" in the patterns. That is, the female lung cancer mortality patterns should not parallel those of men in time. They should instead be out of phase by a 30-year period. He found no such kinks.

This reasoning from recorded secular trends, perhaps difficult for the layman to follow, was presented to a meeting of fellows of the Royal Statistical Society and published in the Society's prestigious journal.[36] In the paper, the researcher specifically remarked about the escalation of lung cancer rates for women:

> The most striking sustained rise in the increments of mortality for both sexes covers the period 1916-1920 to 1931-35, when cigarette smoking can have made virtually no contribution to the large increase. [Emphasis added]

Other Factors

The same type of information that is cited about cigarette smoking and lung cancer suggests that many factors may be involved in the development of lung cancer. These include occupational and environmental hazards, behavioral variables and "certain psychological factors" mentioned in the 1979 Surgeon General's report.[15]

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Occupational Exposures

Occupational exposure has been strongly related statistically with increased lung cancer risk.

- Excessive rates have been found[37] in workers in petroleum and petroleum refining.
- Navy personnel in construction and deck work[38] have been reported to have up to three times the lung cancer incidence of other Navy enlisted men.
- National Cancer Institute researchers have found excessive lung cancer mortality rates in counties where paper, chemical, petroleum and transportation industries are located.[39-40]

Excessive risk of lung cancer has been found in such nonindustrial occupational groups as dental technicians, decorators, electricians, bar and restaurant managers and broadcasting employees.[41]

One authority on occupational cancer cautioned that harmful industrial exposures could continue if public attention were concentrated too strongly on cigarette smoking.[35] His concern is shared by others, including an expert on environmental contaminants,[42] who wrote:

> A real question exists if cigarette smoking is not diverting attention from the effects of occupational exposure on industrial workers.

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The Environment

Industrial contaminants are not restricted to the worker in the plant, however. Consider NCI's identification of high lung cancer death rates in counties with certain industries.[39-40] Further suggestion that airborne industrial substances can affect area lung cancer death rates comes from two studies in the same issue of Archives of Environmental Health in 1980.[43-44]

Louisiana Gulf Coast parishes have been found to have some of the highest recorded lung cancer death rates in the country.[45-46] A study of one such parish yielded a clue that residential exposure to industrial effluents may be a factor in the elevated lung cancer mortality rates in Louisiana.[44] The researchers found excess risk with residential proximity to some industries (petroleum refining, lumber and metal manufacturing and canning) but not to others (soap and furniture making), which led them to comment:

> This observation validates the assumption that factors such as cigarette smoking are not responsible for the observed residential risks, and that in this urban area, cigarette smoking patterns are not related to distance from industry, and therefore, not confounding.

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Dietary Factors

The newest development in lung cancer epidemiology made headlines in 1981 -- the appearance of additional support for

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a theory that carotene, a nutrient in dark green and dark yellow vegetables and fruit that is converted in the liver to vitamin A, may reduce the risk of lung cancer.

Animal work in the 60's had suggested that a vitamin A-enriched diet reduced the incidence of cancer. Two small human studies in the mid-70's provided more support. One, a prospective study of men with known dietary habits,[47] and the other, a biochemical investigation of serum A levels in patients and controls,[48] had suggested that lower levels of dietary vitamin A may increase the risk of lung cancer.

So did a 1979 retrospective dietary and smoking study at Roswell Park Memorial Institute in Buffalo, N.Y.[49] and a preliminary report in 1980 of the investigation of serum A levels in British lung cancer cases.[50]

The new evidence in November 1981 was data from a large U.S. industrial health study.[51] Although it was based on only 33 lung cancer deaths, the finding of an inverse relationship of carotene with lung cancer incidence in a population of some 2,000 middle-age men suggests a protective quality in dietary vitamin A. The risk generally decreased with increasing levels of the nutrient -- in smokers and nonsmokers.

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The researchers believe that cigarette smoking increases the risk of diseases in addition to lung cancer and were cautious of any possible interpretation of their data as showing that carotene protects smokers. One of them conceded in an interview that the number of lung cancer cases was too small to draw any conclusion other than that the more carotene one eats, the less statistical risk there is of developing lung cancer.[52]

The researcher said that scientists do not know how dietary vitamin A might protect the body against cancer, and another scientist, the director of Purdue University's cancer center, told a reporter: "What's really necessary is a good, controlled study to prove that it's really what we think it is. I feel uncomfortable with any of these things until we know the mechanism."[53]

All of the researchers appear to agree that these investigations of dietary factors warrant further study.

Psychological Factors

Increasingly, those who would ferret out causes of disease are looking to the minds of patients as well as to their genetic makeup. The journal Lancet referred recently to "a small body of research which suggests that certain emotional characteristics" may enter into the development of

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cancer.[54] This evidence has been accumulating since the 1960's, when a Scottish researcher compared a group of lung cancer patients who were smokers with a matched group of smokers clinically free of the disease and found the lung cancer patients significantly more likely to deny and repress their emotions. Such interpersonal difficulties, he wrote, could be important in the development of lung cancer.[55]

Further research in this area has indicated that psychological factors can be as much as twice as important as a history of smoking as a predictor that a patient with undiagnosed chest disease will be found to have lung cancer.[56] That finding supports the work of other investigators suggesting that psychological factors precede the development of lung cancer.[57]

Constitutional Factors

William Osler, the Canadian-born physician, teacher and medical historian, once wrote: "It is much more important to know what sort of patient has a disease than what sort of a disease a patient has."[58]

The father of modern statistics, the late Sir Ronald Fisher, suggested in the 1950's that constitutional factors might be far more important than smoking or any other variable in lung cancer.[59] Only recently, a prominent medical

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physicist reviewed much of the literature on smoking and lung cancer, studied time trends of the sexes and concluded that Fisher's hypothesis is still valid.[60]

Conclusion

The claim that cigarette smoking causes lung cancer has not been proven scientifically. The charge ignores basic unresolved scientific questions concerning animal experiments, smoking patterns and lung cancer rates, diagnostic variations and many confounding factors.

Lung cancer is an extremely complex disease. A one-sided attack on cigarette smoking as the causal agent does nothing to advance the search for its cause -- and its cure.

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"MATHEMATICAL MODELS"

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"PASSIVE" SMOKING

(Published by the Tobacco Institute, U.S.A. - 1983)

Among the more recent charges against smoking is the claim that exposure to other people's cigarette smoke - sometimes called "passive" or "involuntary" smoking - can cause disease in nonsmokers.

Efforts to make smoking socially unacceptable - some try to convince the nonsmoker environmental tobacco smoke is "harmful" - rely heavily on certain research reports that purport to link other people's smoke with cancer, lung problems and other diseases. Such claims have not, however, withstood scientific scrutiny.

Concern among nonsmokers about the possible effects of breathing other people's tobacco smoke began to emerge following a 1971 speech by the then Surgeon General, Jesse Steinfeld. Calling for a ban on smoking in public places, Steinfeld said that "evidence is accumulating that the nonsmoker may have untoward effects from the pollution his smoking neighbor forces upon him."[1]

A year later, the Surgeon General's annual report to Congress on smoking and health devoted a chapter to studies claiming to show exposure to tobacco smoke in the air "may" have adverse effects on nonsmokers.[2]

These pages set off a chain reaction as researchers began measuring smoke and smoke components in public places and in laboratory settings and estimating amounts to which nonsmokers are exposed. A body of research accumulated during the 1970s. But, by 1979, the "evidence" was still so conjectural no objective scientist could have drawn any hard conclusions about sidestream smoke and disease.

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After reviewing the decade's research in more than 40 pages, the 1979 Surgeon General's report said healthy nonsmokers exposed to cigarette smoke have little or no physiologic response to the smoke, and what reaction may occur is probably psychological.[3]

The 1982 Surgeon General's report, on cigarette smoking and lung cancer, noted that the available evidence is not sufficient to conclude that other people's smoke causes disease in nonsmokers.[4]

Some investigators claim reported levels of various tobacco smoke components in the atmosphere - carbon monoxide, particulates and nicotine - are hazardous to nonsmokers' health. Just because researchers can measure such substances, however, does not mean they have any significance to human health.

Concentrations of constituents of cigarette smoke are immediately diluted by the surrounding air. And measurements of atmospheric cigarette smoke taken under realistic conditions indicate that the contribution of tobacco smoke to the air we breathe is minimal.

One widely studied component of tobacco smoke has been carbon monoxide (CO). It is well recognized that the main sources of CO in the environment are motor vehicles and industrial processes[5] - not environmental tobacco smoke. Indoor levels of CO are affected by outside levels and by cooking and heating, among other factors.

Still, environmental tobacco smoke is frequently blamed for contributing significant amounts of carbon monoxide to the environment. It is important to remember, however, that studies conducted under realistic conditions indicate that atmospheric CO from tobacco smoke rarely exceeds 10 parts per

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million (ppm)[6] and is closer to 5 ppm in public places with normal ventilation.[7] Both figures are well below the limit of 50 ppm recommended by health agencies for workers exposed over an eight-hour period.

Like CO, airborne particulate matter arises from many sources besides tobacco smoke. It can include everything from dust, paper and textile lint to animal dander, pollen and fuel residue.

A 1980 study involving measurement of particulates in public buildings in Washington, D.C., is cited frequently to support the claim that cigarette smoke may be harmful to nonsmokers.[8] The authors, James Repace and Alfred Lowrey, reported that in buildings where smoking was permitted levels of respirable particulate matter were far greater than in places where smoking was not permitted.

Serious questions about the study's scientific methodology were raised when Repace presented additional data to a 1982 meeting of the American Society of Heating, Refrigerating and Air-Conditioning Engineers.[9]

Questioned from the floor by a consulting engineer, Repace admitted he had not measured the quantity of outdoor air introduced by ventilating systems.[10]

Another critic noted Repace and Lowrey did not measure particulate levels before smoking began, failed to present data on actual ventilation rates and, most importantly, did not determine the specific contribution of tobacco smoke to particulate levels.[11]

Other research does not lend support to claims of adverse health effects associated with cigarette smoke components in the environment. Dutch scientists exposed nonsmoking subjects

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to atmospheric tobacco smoke. They also measured the levels of smoke components in the test room. Their conclusion: No data exist to support the contention that ambient tobacco smoke has "a lasting adverse health effect in otherwise healthy individuals".[12]

Use of measurements of CO and particulates to estimate environmental smoke levels can be questioned, because both are produced by many sources. Most researchers consider nicotine a much more appropriate and reliable indicator, since it is produced exclusively by burning tobacco.

Studies using nicotine as a smoke index help to confirm that the contribution of tobacco smoke to the atmosphere is minimal.

Drs. William Hinds and Melvin First, researchers from the Harvard School of Public Health, found only very small amounts of nicotine in the atmosphere of crowded bars, bus and airline terminals, restaurants and student lounges.[13] Their data, published in 1975, indicated a nonsmoker would have to spend 100 hours straight in the smokiest bar to "absorb" the equivalent of a single filtertip cigarette.[14]

Researchers in Europe who used different methods to measure the presence of tobacco smoke in the atmosphere reported slightly higher nicotine concentrations than Hinds and First.[15] But they, like Hinds and First, concluded from their measurements that smoking does not represent a risk to nonsmokers.

Some opponents of tobacco smoke have claimed carbon monoxide causes or contributes to the development of heart disease in nonsmokers. Those who make such claims frequently cite research conducted in the late 1960s by a group of Danish scientists.

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The researchers, studying the effects of CO exposure on rabbits fed a high cholesterol diet, reported carbon monoxide in tobacco smoke played a major role in hardening of the coronary arteries.[16] However, when studies by other researchers reported negligible effects of CO exposure in other animals,[17] the Danish scientists tried, and failed, to reproduce their earlier test results. They reported in 1978[18] and again in 1980[19] and 1981[20] that CO did not produce significant changes in the coronary arteries.

Studies of humans exposed to high amounts of carbon monoxide in their work environments also generally fail to support the claim that CO causes heart disease. Workers such as bridge and tunnel workers, and blast furnace workers, known to be exposed to high levels of CO on a regular basis, have not been found to have higher rates of cardiovascular disease than the general public.[21]

Other researchers also have concluded that CO does not contribute to the origin of heart disease in the nonsmoker. For example, in a 1981 issue of the American Heart Journal, a scientist known for his opposition to smoking said that exposure to the tobacco smoke of others did not have any long-term cardiovascular consequences for the nonsmoker.[22]

Two highly publicized 1981 studies have been cited frequently to support the claim that environmental cigarette smoke increases the risk of lung cancer in nonsmokers. A Japanese study by Dr. Takeshi Hirayama[23] and one by a Greek team headed by Dr. Dimitrios Trichopoulos[24] both suggested that nonsmoking wives of smokers have a higher risk of lung cancer than nonsmoking women married to nonsmokers.

Both studies have received extensive criticism in the scientific literature since their publication. In addition, findings from a recent American Cancer Society study[25] contradict the results of the Japanese and Greek research. Thus, these claims of increased cancer risk are highly suspect and not proven.

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Shortly after the Hirayama study appeared in the British Medical Journal, questions were raised by other scientists in the medical literature about the design of the study and the validity of Hirayama's conclusions. A number of highly critical letters in the journal pointed out inadequacies and inconsistencies in the data.

The study was faulted for not recording the cell types of the lung cancers found[26] and not accounting for either the level of exposure to cigarette smoke in the surrounding air or to indoor air pollution from household heating and cooking equipment.[27] Problems with the population sample selection[28] and statistical analyses[29] also were noted.

The authors of the Greek study themselves conceded the limitations of their research. Trichopoulos and colleagues admitted the number of cases studies was small and noted they presented their data "principally to suggest that further investigation of this issue should be pressed".[24]

The authors offered little information about the population from which their sample was selected. Nor did they indicate they had considered such factors as diet, family history or occupational exposure in reaching their conclusions.

After reviewing problems such as these in both the Hirayama and the Trichopoulos studies, a scientist from the German Heart Center in Munich concluded that "passive smoking may mean an annoyance for healthy adults, but in all probability it is not connected with damage to health."[30]

The American Cancer Society study that reached conclusions much different from those of the Japanese and Greek studies casts further doubt on the research. Author Lawrence Garfinkel, the society's vice president for epidemiology and statistics, reported finding no significant increase in lung

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cancer death rates among nonsmoking women married to smokers when compared with those of nonsmokers with nonsmoking husbands. The population he studied, some 180,000 American wives, was larger than the Japanese and Greek studies combined.[25]

Garfinkel discussed his findings in an interview, commenting, "Passive smoking may be a political matter but it is not a main issue in terms of health policy."[31]

In 1980, authors James R. White, a physical education instructor at the University of California at San Diego, and Herman F. Froeb, a physician, claimed that chronic exposure to tobacco smoke in the work environment significantly affected lung function in nonsmokers.[32]

White and Froeb had attempted to measure small-airways function in smokers and nonsmokers enrolled in a physical fitness profile course. They concluded that nonsmokers who were exposed to tobacco smoke at work for 20 years or more had reduced function of their small airways compared to nonsmokers who said they were not exposed to tobacco smoke.

Those who cite White-Froeb, however, fail to take into account what one of the government's highest health officials wrote in an editorial in the same journal issue. "The evidence that passive smoking in a general atmosphere has health effects," wrote Dr. Claude Lenfant of the National Heart, Lung and Blood Institute, "remains sparse, incomplete and sometimes unconvincing."[33]

Others criticized the White-Froeb study for using lung function testing equipment that fails to meet the technical recommendations of the American Thoracic Society[34] and for using carbon monoxide as an index of smoke exposure, as CO is not unique to tobacco smoke.[35]

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Strong criticism of the White-Froeb work surfaced during a joint annual meeting of the thoracic society and the American Lung Association in 1982. In a session on "second-hand smoke", Michael Lebowitz, a University of Arizona epidemiologist and co-author of the chapter on involuntary smoking and lung cancer in the 1982 Surgeon General's report,[4] termed the study improperly designed from an epidemiologic point of view.[36]

White and Froeb, Lebowitz claimed, had unaccountably eliminated 3,000 subjects from their study population and then declared their results to be significant. The epidemiologist, who has been conducting his own Tucson Study of Obstructive Lung Disease since 1972, concluded the result of the White-Froeb study cannot be used to demonstrate an effect of environmental smoke on lung function.

Some studies have reported that respiratory problems in children are related to parental smoking at home. Although they do not pertain directly to the topic of smoking in public places, they are frequently cited to heighten health concerns about environmental tobacco smoke.

Such studies usually fail to consider other factors that might be related to children's illnesses - school environments, parental economic status, heating systems, the use of gas stoves and the illnesses of other family members.[37]

A five-year study on respiratory ailments in 428 Dutch children found smoking and nonsmoking parents have about the same proportions of children with respiratory problems. The researchers concluded: "The number of cigarettes smoked by the parents has no influence on respiratory symptoms in their children."[38]

A similar conclusion was reached by a critic of smoking who completed one of the largest studies ever done on the subject.

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It involved 376 families, with 816 children, in three towns.[39] The conclusion: "Exposure to low levels of smoke produced by cigarette smokers does not result in chronic respiratory symptoms or loss of lung function among children nor among adults."

Given that atmospheric tobacco smoke has not been proved to cause disease in nonsmokers, what can account for the over-reaction of some nonsmokers to tobacco smoke? Some researchers have suggested that such reactions may have an emotional or psychological basis.

The 1979 Surgeon General's report suggested that what response may occur in healthy nonsmokers exposed to tobacco smoke "may be due to psychological factors".[3] And the late Dr. Michael Halberstam, a physician and medical columnist, once suggested that the symptoms of nonsmokers "may come from anger rather than the smoke itself".[40]

A cultural anthropologist who has studied smoking customs in different societies agrees. The emotional reaction of some nonsmokers may simply reflect frustrations with life in general, says Sherwin Feinhandler. As the Harvard Medical School lecturer told a Congressional hearing in 1978, "To some people, the smoker has become a ready target for general frustrations, anxiety and discontent".[41]

Whatever the reason, the overreaction to the considerable publicity given studies that purport to show environmental tobacco smoke is a risk to nonsmokers has resulted in insufficient attention to scientists who caution that emotion and fear must not be allowed to obscure scientific facts as they currently exist.

One such scientist is the president of the German Society of Industrial Medicine, who worries about the implications of the issue for science itself. In a recent review of studies on the public smoking issue,[42] Dr. G. Lehnert cautioned:

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We should bear in mind that unsubstantiated statements and premature demands for regulative measures or a transfer in the onus of proof, do not, in the final analysis, serve the cause of scientific credibility nor facilitate the search for truth, especially in the case of an emotional subject such as passive smoking.

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PUBLIC INFORMATION PROGRAMMES

Constant pressure to increase information to the public on the claimed dangers of smoking is based on the misconception that those who do smoke are unaware of the smoking and health issues. Campaigns to "educate" the public assume that as people continue to smoke they are not adequately informed.

But to what extent is this true? As one witness stated during a series of Congressional hearings in the U.S.A. in 1982, "All of the studies conducted about consumer awareness of smoking and health issues lead to the conclusion that people are universally aware of the claims that smoking is hazardous to health".(1)

This statement refers to the inhabitants of the United States. However, the similarities in media transmission of information on the alleged dangers of smoking make it logical to assume that there is a similar level of awareness in the rest of the developed world. Mr. Michael Waterson summarised the situation in his country when he said : "In the United Kingdom it is almost impossible to find a smoker who doesn't know the claimed health hazard ...".(2)

The many ways in which information pertaining to the alleged health risks of smoking is disseminated, thus leading to such high awareness, were enumerated by Dr. Barbara Brown in the following statement : "I can think of no health claims in the past 20 years that have received more intensive and pervasive media coverage and governmental attention. The media regularly cover all research on smoking and health, particularly reports that suggest hazardous effects. This often amounts to a media blitz. Further, official warnings are constantly reinforced by anti-smoking commercials and advertisements on radio, magazines, and TV; advertising by stop-smoking institutes, courses, clinics, etc., constitutes additional media coverage and anti-smoking campaigning. Finally 'educational' programs are a fairly permanent part of many school programs".(3)

Why, if awareness is so high, do adults continue to smoke? A marketing specialist has explained that consumer awareness and belief are very distinct concepts, that consumers may choose to continue to smoke even though they are aware of the allegations regarding smoking and health.(4)

Those who believe that if awareness were increased, smoking would decrease, fail to take in to account the "personality" factor of the individual. It has been shown that smokers differ from non-smokers in many other ways than just their smoking habits.(5)

People not only decide to smoke cigarettes in spite of the widespread "information" campaigns. They drink alcohol. They continue to eat butter and eggs and continue to drink coffee.

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Nobody would claim that a large portion of the population maintain these activities because of lack of information. Why, then, make the condescending assumption that this is the case with smoking? Surely most adults will make up their own minds?

(1) BLACKWELL, Roger D. : Statement in Hearings before the Subcommittee on Energy and Commerce regarding the "Comprehensive Smoking Prevention Education Act" p. 477
(2) WATERSON, Michael : ibid pp. 217-218
(3) BROWN, Barbara : ibid (Appendix) pp. 583-584
(4) WIND, Joram J. : Statement in Hearings before the Subcommittee on Energy and Commerce regarding the "Comprehensive Smoking Prevention Education Act" pp. 462-473
(5) SPIELBERGER, Charles D. : ibid (Appendix) pp. 758-764

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SMOKING AND NON-ADULTS

The manufacturers of tobacco products adhere to the premise that smoking is an adult custom. The decision whether to smoke or not is best made by mature, informed people. For this reason, industry advertising and promotion of tobacco products is directed at achieving brand preference among the adult population, and the industry supports the aims of the authorities to prevent the sale of cigarettes to non-adults.

If governments decide that campaigns of education and information on health are desirable, such campaigns must be based on sound scientific grounds. A balanced campaign of this type should point out all known major risk factors to human health, and by this means make the public aware, particularly young people, that there are many risk factors which may affect their health. Undue emphasis on the alleged hazards of smoking would create the false impression that the single act of not smoking would prevent disease.

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"SOCIOECONOMIC CONSEQUENCES OF SMOKING"

(Paper to follow)

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SPONSORSHIP BY TOBACCO COMPANIES

1. The Issue and the Principles Involved

The forces opposed to smoking are attacking the tobacco companies' practice of sponsoring activities in sport and culture, claiming that this activity circumvents advertising restrictions in various countries, particularly on television which is an advertising facility closed to the tobacco industry in most areas of the world.

In the debate over sponsorship by tobacco companies there are two basic principles which must be accepted in all democratic countries operating a free economy. These are :

- Any sporting or cultural body should be free to decide when and where to seek sponsorship support.

- Any company should be free to decide which organisation it is going to support.

2. What is Sponsorship?

The Economist Intelligence Unit, in Special Report No. 86 (1980/81) defined sponsorship in the following terms :

Quote begins

"The essential elements of the term 'sponsorship' as it is used in the U.K. today are little changed from the definition we used in 1977:

i) a sponsor makes a contribution, in cash or kind, which may or may not include services and expertise to an activity; in most cases this is in some measure a leisure pursuit, either sport or within the broad definition of the arts; in a few cases now it may be an activity of value to the community in some other way;

ii) the sponsored activity does not form part of the main commercial function of the sponsoring body; otherwise it becomes straightforward promotion rather than sponsorship;

iii) the sponsor expects a return in terms of publicity and, if the sponsorship is to be a success, it should not be publicity which reflects adversely on the sponsor.

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... If successfully designed and carried out, with properly defined objectives, sponsorship arrangements can be of real benefit to both parties and, at the same time, be of benefit to the community in providing events and facilities which would otherwise not be available..."

Quote ends

Companies supporting sporting or cultural activities do so for public relations purposes. Their aim is to create goodwill for the company and to improve the company's standing in the public eye. A company that associates itself with national aspirations in sports or the arts is likely to be regarded as a progressive company with the public interests at heart. It is also often regarded, as a result, as a good company to work for and in this way its recruitment policies are assisted.

3. Effect of Sponsorship on the Consumption of Cigarettes

It has not been shown that sponsorship increases the consumption of cigarettes. In this regard, it is worth noting that there is general acceptance that even direct advertising does not induce people to take up smoking but rather influences the brand choice of existing smokers. This effect of advertising is well documented. For example, the Metra Consulting Group, in "The relationship between total cigarette advertising and total cigarette consumption in the U.K." (January 1979) concluded from a study of the United Kingdom cigarette market over 20 years that advertising had no significant effect on total cigarette sales. The psychologist Professor Reinhold Bergler, in his book "Advertising and cigarette smoking : a psychological approach" (1981) came to the same conclusion.

4. Effect of Sponsorship on Brand Choice

The opponents of smoking sometimes allege that sponsorship affects brand choice, particularly when the company name is the same as the brand name. In fact of course brand choice is dictated by price, taste, preference for low, medium tar and nicotine content, or advertising of particular modifications in the cigarette, but none of these factors are brought to the smokers' attention by sponsorship. Nor do companies usually sample their cigarettes to the public during sponsorships on, for example, cricket grounds, sports tracks or art galleries.

5. Effect of Sports Sponsorship on the Young

The charge has been made by the forces opposed to smoking that sports sponsorship by tobacco companies indirectly suggests to the young that smoking, like sport, is a manly pastime. There is no evidence given to support this allegation or the further

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allegation that sponsorship thus encourages the young to take up smoking. Extensive studies, many of which have been conducted by those involved in the development of anti-smoking campaigns, have been carried out to discover the reasons why the young start to smoke and these do not demonstrate that sponsorship is a factor. Major factors are the influence of peer groups, parental example etc.

For example, a survey of well over 50,000 children in Indianapolis, U.S.A., determined that the major reasons given for smoking include pleasure, habit, peer influence and adult emulation.(1) Again, a survey of school students in New Zealand found curiosity to be the main reason why children try their first cigarette.(2)

6. Have Tobacco Companies Increased their Spending on Sponsorship Since Bans on Radio and Television Advertising?

Tobacco companies have been prominently established in the sponsorship of sport for more than 20 years. Sporting events, large and small, were benefitting from tobacco company sponsorship long before advertising bans were even thought of.

Certainly, more money is being spent on sponsorship because, like everything else, the costs involved in administering sports and staging events are increasing. At the same time, there is a growing demand by the public for top quality sporting entertainment.

More subtly, there have also been social changes. Such developments as a shorter standard working week, less overtime, longer holidays and flexitime have all meant growing numbers of people with more free time to devote to the enjoyment of such events.

7. Do Tobacco Companies Sponsor only Mass Appeal Sports?

No. Sponsorship is spread across a broad range of sports, from premier national events which attract great interest to local sporting activities known to few outside those who participate (see Appendix I). The benefit of the sponsor's money to minor sports is as great, if not greater, than it is for sports which enjoy wide public patronage.

8. Effects on Sporting and Cultural Bodies if Sponsorship by Tobacco Companies were to be Banned

Moves to ban sponsorship of sport by tobacco companies raise serious questions for sporting and cultural bodies:

- Is the proclaimed right of the sporting and cultural bodies to manage their own affairs as they see fit under threat?

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- If these moves succeed, what product category would be the next to be banned from sponsorship?

  Alcohol?
  Fast Foods?
  Soft Drinks?

- What consequences will the selective ban of sponsorship have for the future development of these sporting and cultural interests?

- If tobacco company sponsorship is lost, what's going to fill the gap?

  Government funding?

  If so, at what political price to the freedom of sporting bodies?

9. If Tobacco Companies are Forced to Withdraw from Sponsorship, will Governments take their place?

Government financial commitment to sport has been minimal compared with commercial sponsorship.

If sporting and cultural organisations were to become dependent on government funding, they would risk losing control over their affairs and become beholden to government policies which, of course, are subject to change.

Tobacco companies which sponsor these events do not attempt to interfere in any way with the administration of sport. And, the relationship between tobacco companies and sporting bodies has been built up over many years. Can sports people expect governments to become such reliable partners? The current climate of restraint in government funding at all levels would appear to make this source even more uncertain.

It in fact underlines the importance of corporate support for sports.

10. What about other Commercial Sponsors?

All categories of business are free to bid for sponsorship rights but none has demonstrated the commitment to sport shown by the tobacco companies. Many companies are already involved heavily in sponsorship, but it is doubtful whether the funds provided by the tobacco companies would, or could, be replaced from other commercial sources.

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11. Research of Public Attitudes to Sponsorship

A leading Australian newspaper, the Melbourne Age, conducted a national poll in 1977 with the following result :

	Total (2000) %	Male (885) %	Female (1015) %
Should sports organisations accept money from cigarette manufacturers	72	74	71
Should sports organisations not accept money from cigarette manufacturers	26	24	27
Don't know	2	2	2

A more recent public attitude survey in the same country conducted during 1981 shows a substantially similar result.

* * *

To conclude these observations, it is appropriate to quote the President of the World Confederation of Sport, which represents over 100 countries. Commenting on sponsorship, Mr. Wayne Reid, made the following statement before the Australian Broadcasting Tribunal in 1977:

"Australia has long been proud of its sports people. If we are to keep up with the rest of the world in our striving for greater excellence, if we are to raise the standard of local competition and attract more people in to active participation, we must stage high standard national and international events in this country. And to do so, the support of business interests is absolutely vital."

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APPENDIX I : Who is Sponsored?

It is worthwhile noting the very wide range of events which seek and receive sponsorship.

The Arts	Music	
	Ballet	
	Opera	
	Exhibitions	
	Records	
	Festivals	
	Literary Awards	
	Photographic Awards	
	Films	
	Bridge	
	Chess	
Sports	Motor Racing	Boardsailing/Windsurfing
	Horse Racing	Bobsleigh
	Football	Bowls
	Athletics	Boxing
	Cricket	Canoeing
	Tennis	Croquet
	Golf	Curling
	Equestrian Events	Cycling
	Gymnastics	Darts
	Angling	Fencing
	Archery	Gliding
	Snooker	Greyhound Racing
	Baseball	Handball
	Basketball	Hang Gliding
	Badminton	Hockey
	Ballooning	Lacrosse
	Martial Arts	Motor Cycles
	Mountaineering	Orienteering
	Parachuting	Pigeon Racing
	Polo	Powerboat Racing
	Rowing	Sailing
	Shooting	Skating
	Skiing	Squash
	Swimming	Table Tennis
	Volleyball	

Studying the wide range of sponsorships, it becomes apparent that in number, exposure of sponsorships would be small and if a general prohibition on sponsorships by tobacco companies was successful, many worthy causes would suffer.

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TAXATION

Taxation and Cigarette Use

Although cigarette taxation, compared with that on other products, is already inequitably high in many countries, the opponents of smoking continue to urge governments to increase it as a method of reducing cigarette use. There are, however, a number of reasons - some fundamental, some practical - why governments should not be influenced by this pressure.

What role should Government play?

Should a government interfere with the private lives and freedom of citizens by inequitably taxing a legal product, and thereby limiting their purchases of that product? It may be argued that all taxes in some way limit the purchasing power of the individual. This limitation is broadly accepted, provided that the revenue raised is spent in the overall interest of the nation. What cannot be accepted, however, is the use of fiscal power through inequitable selective taxation in order to dictate a way of life to the individual. This is what the opponents of smoking are asking governments to do.

Governments should resist the temptation to use taxation for any reasons other than to raise the tax revenues justified by pure economic requirements. If governments wish to persuade consumers to change their habits, they should try to do so through education and information programmes.

Loss of Revenue and other economic effects

A government that unwisely uses its taxation policy may find that it has created for itself an economically embarrassing situation. Excessive cigarette taxation could bring about a decline in cigarette use, resulting in a reduction of tobacco industry income, which has always been a fruitful source of government revenue through fiscal measures such as corporation tax. Indeed, if cigarette taxation becomes excessive, the point could be reached when government revenue from excise and duty on cigarettes falls below the levels of revenue produced by the lower rates of cigarette taxation in force in previous years. Furthermore, other unfortunate effects, both social and economic, can result from high cigarette taxation, causing a fall in sales - namely redundancies and unemployment in the tobacco industry.

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A further compelling reason for governments not to be influenced in this matter by the opponents of smoking is that high cigarette taxes wrongly discriminate against smokers with low incomes, who must pay the same tax rate per pack as smokers with high incomes. This point was strongly made by a former British Health Minister who was quoted in The Scotsman newspaper on December 28, 1976, as saying that any effort to eliminate cigarette smoking solely by taxation would be wrong, because it would hit hardest at those people with low incomes.

On the assumption that taxation on tobacco is not a temporary phenomenon (it goes back more than 300 years in some countries, and in those circumstances it would be stretching the meaning of the word "temporary"), it may be in the interests of a government to seek an understanding with its industry designed to retain this useful source of revenue rather than driving it out of the market place with an excessively burdensome tax level. This policy of "not killing the goose that lays the golden eggs" is most likely to be received with sympathy in the treasury, budget, or economic affairs ministries of a government.

Incentive to the smuggling of cigarettes

Very high levels of cigarette taxation run the risk of providing an incentive to smuggle cigarettes into the country concerned, particularly in those countries which have easily penetrable borders. Successful smuggling inevitably results in a loss of government revenue and damage to the domestic tobacco industry. It certainly does not reduce the use of cigarettes and can even increase it. Furthermore, it can produce serious economic and social repercussions. For example, in the last two years, cigarette smuggling in one African country has reached such proportions that, apart from the loss of government revenue, the domestic tobacco industry has lost sales to contraband cigarettes to such a degree that redundancies and consequent unemployment have been forced upon it. Needless to say, when domestic brand cigarette sales fall alarmingly, it also constitutes a threat to the livelihood of local tobacco farmers who provide the leaf for these brands. Finally, the decline in the domestic tobacco industry's income, which income is, of course, subject to taxation, can only mean a fall in the government's fiscal intake from the industry.

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Higher taxes could change smoking practices

Neutral observers consider it possible that, if cigarette taxation is high enough to reduce the number of cigarettes which consumers smoke (as desired by the opponents of smoking), this could change how they smoke or what they smoke in a manner which would not be approved by those who contend that smoking is injurious to health.

Tax authorities should consider the consequences of improperly using their authority to change personal behaviour.

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TAXATION

- "In the light of past experience it is, moreover, to be expected that smokers would react to drastic tax increases by taking evasive action, rather than giving up smoking altogether. There is a whole range of possibilities, ranging from rolling one's own cigarettes, to lawfully buying one's supply in neighbouring countries where cigarettes are cheaper, right up to professional cigarette smuggling. This would mean a considerable fiscal loss, but could also entail undesirable effects on public health."
  GOBRECHT, Horst, Spokesman for the Social Democrat Faction in the Finance Committee of the West German parliament : "Moderation in taxation : Gold that grows in the fields" Vorwärts (May 22, 1982) 22 Verlags Beilage p. 2

- "(With the use of prohibitive taxation) there would also arise the further question whether it is politically justifiable to restrict the freedom of choice of only those consumers who can be influenced by high cigarette prices, and not that of all consumers."
  SCHROETER, Walter : "Cigarette tax and health policy"; Zeitschrift für Zölle und Verbrauchssteuern (April, 1976) Sonderdruck 4. Stollfuss Verlag, West Germany

- "One problem with levying a special excise tax on cigarettes is that the latter is highly regressive. In some countries, cigarette smoking has become closely related to socio-economic class, both in terms of number of smokers and the amount smoked. This means that tax increases will fall much more heavily on lower income groups in both relative and absolute terms".
  LEU, Robert E. (Institute of Social Sciences, University of Basel, Switzerland and Institute for Research on Poverty, University of Wisconsin, Madison, U.S.A.) : "Modifying risk taking behaviour through public policy : The case of cigarette smoking"

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THE THREAT TO THE FUTURE OF THE TOBACCO GROWING AND MANUFACTURING INDUSTRY IN DEVELOPING COUNTRIES

This paper examines:

A The significance and future implications for developing countries and their tobacco manufacturing and growing industries, of certain recommendations made in the Report of the World Health Organisation (WHO) Expert Committee on Smoking Control, which were fully endorsed by the Fourth World Conference on Smoking and Health held in Stockholm on June 18-21, 1979.

B Further moves by the WHO since that date, including WHO pressures on the Food and Agriculture Organisation of the United Nations (FAO).

1. The following are extracts from the Report of the WHO Expert Committee on Smoking Control, which are referred to in 'A' above:-

a) Statement on Page 33

"The growing and processing of tobacco, though resulting in an export that contributes to the gross national product, may be far from sound as an economic activity."

b) Recommendations on Page 73

To All Countries

"Promotion of the export of tobacco and tobacco products should be discouraged. Tobacco growing and manufacturing industries should be progressively reduced in size as rapidly as possible."

To Developing Countries

"No country should allow a tobacco growing or manufacturing industry to be developed. Where such an industry exists, priority should be given to the development of substitute crops, with international co-operation."

2. On July 9, 1979, the President and Secretary General of the Fourth World Conference on Smoking and Health sent the recommendations of the WHO Expert Committee's Report to the Health Ministers of all WHO member countries. Their covering letter contained the following sentence:

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"Since it was pointed out in the WHO Report that these recommendations are for the advice of governments, not merely their health departments, we would kindly ask you to transfer them to pertinent other Ministers of your government."

3. The Thirty-third World Health Assembly, held by the WHO in Geneva during April 1980, provided further evidence of the threat to tobacco growing emanating from the WHO's initiatives. At this meeting a statement was quoted by an FAO representative that the FAO strongly supported the work carried out by the WHO to discourage smoking. Although this statement acknowledged that the economic significance of tobacco production in certain developing countries could not be overlooked, it went on to point out that three years ago the FAO had been concerned with six to eight tobacco projects annually, while at the present time it was involved with only two such projects.

4. A further major initiative by the WHO in following up its recommendations was the "Inter-organisational Consultation on the WHO Smoking and Health Programme", which it held in Geneva in February 1981. In addition to the WHO, nine international organisations were represented at this meeting, including the FAO.

Once again the representative of the FAO Secretariat went on record in stating that the Secretariat was in agreement with the aims of the WHO programme on Smoking and Health. At the same time, the representative was at pains to make clear that the FAO Conference and Council had not taken formal cognizance of the World Health Assembly's resolutions on the alleged health hazards of smoking, nor did the Secretariat's views there being expressed commit FAO's member governments. Nevertheless, it was then revealed that the WHO and FAO Secretariats had agreed to collaborate on a study, to compare the alleged social and economic costs of smoking with the economic and social benefits of tobacco production and trade, and the contribution of tobacco cultivation to the agricultural development of producing countries. The WHO would be assessing the "costs" and the FAO estimating the "benefits". Some doubts about the feasibility of devising an econometric model for this purpose were expressed by the FAO Secretariat, and it favoured a long term study proceeding on a country by country basis with adaptations of the methodology as required, using an empirical approach.

On crop diversification out of tobacco the FAO view expressed was that it would seem premature to embark on such projects unless the world demand for tobacco could first be curbed. However, it was stated that the FAO

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would consider the provision of requested technical assistance, where tobacco was of paramount economic and local importance. Where tobacco was not already an established crop, the FAO would draw the attention of the government and financing agency concerned to the WHA resolutions on smoking and health, and offer to investigate the possibility of growing alternative crops with closely comparable economic benefits. If alternative crops were not a practical proposition it would recommend the cultivation of mild leaf for the manufacture of so-called less hazardous tobacco products.

5. From the proceedings described in Sections 3 and 4 above, it seemed evident that there were elements in the FAO Secretariat prepared to co-operate with the aims of the WHO recommendations quoted in Section 1 above.

A programme for briefing national delegations from leaf growing countries was therefore developed with the object of alerting them to the possibility that the topic might be brought up during the FAO Council and Conference sessions to be held in Rome during November 1981. The briefing was carried out by tobacco industry national manufacturers' associations (NMAs) from selected countries and by other interested parties. In many of these briefings the findings of the Economist Intelligence Unit's (EIU's) Monograph "Leaf Tobacco - its Contribution to the Economic and Social Development of the Third World" were used, of which condensed versions had recently been published in English and Spanish. In the event there was no item on tobacco on the Rome agenda, but national delegations from 23 countries had indicated their willingness to speak in defence of their tobacco interests if this became necessary, and their appreciation of such information in the future should it be relevant.

6. In October 1982 the FAO issued a detailed study entitled "The Economic Significance of Tobacco". This was done in fulfilment of the agreement between the WHO and FAO Secretariats, referred to in Section 4 above, as the preamble to the FAO paper makes clear - as do the last sentence of its Section 1 and the last 3 lines of Section 2.

Although Section 1 of FAO paper contains the statement: "...The smoking of tobacco - especially in the form of cigarettes - is attended by a number of well known health hazards..." and there is some criticism of the role of the "international conglomerates" in, for example, Section 26, the findings of the paper are almost universally favourable to the industry and pay

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tribute to the benefits deriving from the cultivation and manufacture of tobacco. A number of telling extracts from it will be found in Annexe 1 to this paper.

7. In November 1982 the WHO Secretariat produced a Position Paper for the WHO Expert Committee on Smoking Control Strategies in Developing Countries. As could be expected, this is violently hostile to the industry, particularly to its operations in developing countries. Its contents and allegations will almost certainly be a major feature at the Fifth World Conference on Smoking and Health in July, which will take place in Winnipeg. Annexe 1 to this paper examines in detail the Section of the WHO Position Paper entitled "Tobacco Production" (pp 33 to 35) and responds to the many allegations therein made.

The whole of the WHO Position Paper has of course significance for the industry, but one particular extract should perhaps be highlighted here. This is:

The WHO recommendation to developing countries quoted in Section 1 above is reiterated in the following words:

"Developing countries not yet engaged in tobacco cultivation should therefore refrain from doing so even despite the short term benefits promised by the international tobacco industry. For those countries where tobacco is already cultivated the strategy for the future should aim at a reduction and ultimately an end to this damaging industry."

8. It is expected that the major thrust at the Fifth World Conference on Smoking and Health in July will be against the industry's operations in developing countries. There are 3 main plenary addresses and "Smoking in Developing Countries" by Dr. D. Femi-Pearse of Nigeria is one of them. There is also a primary session on "Tobacco Growing in Developing Countries". It is also known that the Addiction Research Foundation in Canada has been carrying out tar and nicotine tests for the WHO on domestic and imported cigarettes from developing countries. In addition, it is reported that strong delegations from certain of the developing countries will be attending the conference.

9. In the light of the above developments, the question must be asked whether government circles in developing countries have fully realised the implications of the WHO recommendations on tobacco growing and export, and the very serious socio-economic effects they would have if implemented. The answer in many cases, it seems is still in the negative.

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10. The same must also be said of the leaf growing and local leaf exporting industries, which in many developing countries seem to be either unaware of the threat to their future livelihood inherent in the WHO recommendations, or content to regard this as the prime concern of the manufacturing industry.

11. It also seems evident that in many developing countries, both in government circles and in the tobacco growing and exporting industries, WHO pressures on the FAO have passed unnoticed.

12. It therefore appears essential that urgent action should be taken to rectify the situation described in Sections 9, 10 and 11 above, in those developing countries where these paragraphs constitute a true description of the position. The seven sections which follow outline some of the main arguments which might be used to achieve this, and to bring home to the appropriate government departments concerned and to the leaf industry, what would be lost if the WHO recommendations in Section 1 above were to be implemented. Much of the evidence behind these arguments has been derived from the Economist Intelligence Unit's (EIU's) Monograph already referred to in Section 5 above. Reference is also made to Sections in the new FAO paper, which have been quoted in Annexe 1 (see 6 above), which also strongly support the industry's arguments.

13. Economic Effects on the Local Population

The effects would of course be catastrophic. To quote the EIU Study "What would be lost if tobacco growing was entirely removed from the economy? It is reasonable to suggest that if tobacco were so removed, the local population would lose a significant source of direct and indirect income and employment, with no comparable replacement." Further useful quotations (derived from the new FAO paper) are to be found in Comments 2, 4 (last para.) and 8 of Annexe 1 to this paper.

14. Loss of Government Revenue

In many developing countries of course government revenue from tobacco is a significant figure and this can be quoted on a country by country basis. Section 30 on page 19 of the new FAO paper has this to say on the subject:
"Tobacco products are an important source of fiscal revenue for central and local governments in both developed and developing countries. In addition to customs duties on imports or exports, internal taxes are frequently levied on all tobacco products marketed, and the proceeds from sales by state tobacco monopolies are

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usually remitted to the appropriate internal revenue offices. Unlike many other forms of taxation, excise duties on tobacco tend to be accepted as equitable; they are also relatively easy to administer and due to the inelastic nature of demand for most tobacco products, they can yield considerable revenues, despite the incentives to tax evasion through smuggling and theft. In a number of countries, tobacco taxes account for a significant proportion of total government revenue: thus in India, duties on manufactured tobacco represent some 11 to 12 percent of total tax receipts from Union Excise Duties. In the Republic of Korea, remittances to the Government by the tobacco monopoly totalled US$ 583 million in 1978, US$ 615 million in 1979, and US$ 761 million in 1980. The Turkish tobacco monopoly pays 55 percent of its gross receipts to the Government in the form of production tax."

15. Loss of Exports

In Section 23 on page 13 of the new FAO paper it is stated that in metric tonnes over the period 1979-1981 the developing countries produced 53% of the world's tobacco exports. There is also of course the fact that, aside from exports, leaf growing, to meet the demands of the domestic market, saves countries very large sums in foreign exchange which would otherwise be needed to pay for imported leaf. Further useful quotations from the new FAO paper are contained in Comment 6 of Annexe 1.

16. Growth Process

On this subject the EIU Study has the following to say: "There is little doubt that tobacco growing and export can perform a useful role in the growth process. There is a ready market for quality tobacco which is not susceptible to the instability of food crop demand. Its high yields, coupled with stable prices, can mean high revenues for the competent farmer. Such a farmer can then invest more in his land, which can have a wider impact if it generates more income and/or output of food crops (crucial for the maintenance of a viable industrial sector)."

17. Generation of Ancillary Economic Activities

A factor of very considerable importance in the economy of developing countries is the multiplier effect of tobacco growing. In areas where tobacco is successfully grown it initiates and stimulates a variety of ancillary economic activities, and these in turn cause further economic expansion and the generation of wealth within

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the community. Examples of ancillary activities are agricultural equipment stores, extension services, brick-making for barn construction, transportation facilities, vehicle servicing facilities, and tobacco grading, redrying and threshing plants with associated infrastructure and employee provisions, together with retail outlets for consumer durables purchased by farmers, leaf extension service staff and processing plant employees. In addition, perhaps the most important ancillary product of tobacco growing has been the emergence in some developing countries of local engineering firms specialising in the design and fabrication of leaf tobacco processing equipment and of agricultural machinery used in tobacco production.

An outstanding example of this wealth generation through tobacco is Santa Cruz in the southern part of Brazil. Forty years ago it was no more than a small village in an agricultural area. Now it is a town with its own newspaper and radio station, 17 banks, 7 hotel and one motor car per 8.5 persons (which is claimed to be the highest ratio in Brazil).

The EIU Study pays tribute to the multiplier effect of tobacco in Santa Cruz when it say "Of areas forming the case studies, Santa Cruz is the best example of tobacco providing the cash to stimulate the development of an area."

18. Beneficial effects of tobacco growing on rotation food crops

A paper on this subject, reviewing the evidence from developing countries, is attached as Appendix B to Annexe 1. See also Comment 4 of Annexe 1, with a quotation from the new FAO paper.

19. Social Economic Status of the Tobacco Farmer

The impact of tobacco growing on the farmer is a very significant influence on the social structure of developing countries. For example, the change from being a hired hand on a fruit farm to being a small-scale entrepreneur is a fundamental one. In addition, higher and more stable incomes from tobacco have helped to improve the level of education, to enable farmers to acquire new skills and to improve their quality of life. Indeed, often tobacco growing represents the only hope for improvement in a farmer's overall socio-economic position and that of this family.

The EIU Study comes to the following conclusions on this subject:

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"The most fundamental consequences stem from the evolving status of the tobacco grower (this is paralleled by the evolving status of tobacco production and export in the Third World: leaf cultivation is expected to move gradually from the fully industrialised countries to Asia, Africa and Latin America). Notwithstanding the often small scale of his operations, the tobacco farmer of the Third World is emerging, or has emerged, as a small-scale entrepreneur and as a skilled agriculturist. No farmer, not even the lowliest peasant of the Third World, is an unskilled labourer; initially the grower may have been ignorant about tobacco and equally ignorant about the outside world. Now, thanks in no small part to the activities of the international tobacco manufacturing companies, the tobacco grower ranks amongst the elite in his local community, with the more ambitious being persons of considerable social standing."

20. Reverting to the lack of awareness, as already emphasised in Sections 9, 10 and 11 of this paper, of the WHO recommendations and of the pressures being exerted on the FAO Secretariat, it is essential that action should be taken as soon as possible to alter this situation. As a first step, national manufacturers' associations (NMAs) in developing countries are being asked to devise programmes for alerting leaf growers' associations to those threats to their future livelihood, and for mobilising their support. It is hoped that the factual information included in this paper, and in Annexe 1 and its 2 Appendices, and the references to the objective findings of the EIU Monograph, will provide valuable and effective arguments. It is also hoped that it turn the NMAs and leaf growers' associations will be persuaded in their own interest to develop programmes aimed at exerting their political influence in the most effective way possible, in order to prevent the extreme harm to their industry and to the social and economic development of their country, that would result from the implementation of the WHO recommendations referred to in this paper.

21. Finally, it is obvious that the international tobacco dealers, through their contacts with tobacco farmers and local leaf exporters in developing countries, and through their established channels with government departments in those countries, could play a major role in achieving these objectives. The industry warmly welcomes the fact that during the last year a number of these international dealers have offered their assistance and co-operation in this respect.

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ANNEXE to: "The Threat to the Future of the Tobacco Growing and Manufacturing Industry in Developing Countries"

INTRODUCTION

The first objective of the authors of pages 33 to 35 of the Position Paper prepared by the WHO Secretariat for the WHO Expert Committee on Smoking Control Strategies in Developing Countries is, to the dispassionate reader, a clear one. It is to demonstrate that tobacco leaf growing is harmful, or at least far less beneficial than has previously been accepted, to the national economies and the people of the developing countries engaged in it.

The sentences at the top of page 35 of the report indicate a longer term objective - the elimination of the tobacco leaf growing industry in developing countries. They read as follows:

> "Developing countries not yet engaged in tobacco cultivation should therefore refrain from doing so despite the short-term benefits promised by the international tobacco industry. For those countries where tobacco is already cultivated the strategy for the future should aim at a reduction and ultimately an end to this damaging industry."

This paper examines in detail the statements made in pages 33 to 35 and comments upon them, taking account of the facts and evidence and statistics from reputable and objective sources.

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(EXTRACT WHO)

"Tobacco Production"

"Of the world's top ten tobacco producers, five are in developing countries: China, India, Brazil, the Republic of Korea and Turkey. Most of the developing countries are increasing the acreage allotted to tobacco, both for growing sales to domestic markets and for export. This does not happen in industrialized countries due to increased yield per acre.

At present ninety countries in the Third World cultivate tobacco. Besides the larger producers mentioned above, other important producers are Argentina, Philippines, Pakistan, Burma, Indonesia, Thailand, Zimbabwe, Cuba and Colombia. According to UNCTAD the fastest growing producing and consuming regions are essentially the developing ones. Whereas in North America the annual growth rate in cigarette production averages 1.8%, in the developing countries of Latin America it averages 4.6%, in Africa 6.7%, in the Middle East 4.2% and in Asia 4.2%. Many developing countries offer financial assistance to growers, usually through banks or similar official institutions. The most common form of assistance is market support, either through the intervention of an official agency which buys tobacco that fails to reach a minimum price or through the enforcement of minimum export price. Some governments also help farmers to mechanize as well as assisting with the purchasing of seed and fertilizers. Long term capital is also provided for the building of curing and leaf-handling facilities on farms."

1. Comment

The above figures of annual growth rate in cigarette production derive from the UNCTAD Report published in 1978 and are therefore out of date. Examination of United States Department of Agriculture figures shows the following average growth rate for 1977-1981 (with the previous UNCTAD figures in brackets thereafter):-

North America	2.4%	(1.8%)
Latin America*	1.0%	(4.6%)
Africa	4.3%	(6.7%)
Middle East	3.7%	(4.2%)
Asia	3.1%	(4.2%)

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* Both figures exclude Brazil, where the 1977-1981 growth rate was 0.8%. Thus in Latin America the growth rate was in fact less than in North America, and in Africa, the Middle East and Asia the excess in growth rate over North America was considerably less during 1977-1981 than the quoted UNCTAD figures published in 1978.

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"The growing and processing of tobacco, though resulting in an export that contributed to the Gross National Product, may be far from sound as an economic activity. It is true that farmers and tobacco workers derive some financial benefits. It is also true, however, that the tobacco trade is in the hands of a few, all-powerful transnational tobacco companies which control practically all the tobacco sales and marketing process worldwide. Particularly in the developing countries, according to the UNCTAD report, the tobacco growers and factory workers only get an infinitesimal proportion of the huge benefits reaped by the tobacco companies."

2. Comment

The statement in the first sentence of this paragraph is directly contradicted by the Food and Agriculture Organisation of the United Nations (FAO) in its paper "The Economic Significance of Tobacco" issued in October 1982. The relevant passage in this report reads as follows:-

"In conclusion, the cultivation and manufacture of tobacco result in a number of immediate and tangible social and economic benefits, particularly in the poorer producing countries. Tobacco-growing generates large-scale rural employment in over-populated areas and provides a ready source of cash for smallholders who would otherwise be dependent on less remunerative crops or on subsistence farming. In nearly every producing country, tobacco is one of the most valuable crops grown, and its contribution to total agricultural income is almost invariably significant, reaching 25 percent in the case of Zimbabwe. Tobacco is also one of the most remunerative cash crops, yielding net returns per unit of land which may be several times higher than those obtained from industrial crops or staple foodstuffs. In addition, tobacco leaf is an important source of foreign exchange for exporting countries. The value of world exports in 1979-81 averaged US$4,000 million, of which about US$1,600 million accrued to developing countries,

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> and tobacco makes a substantial contribution to the agricultural export earnings of many individual countries, especially in Africa and Asia."
> (Page 30. Section 32.)

Further refutation of the statement is contained in the condensed version of the Economist Intelligence Unit's Monograph "Leaf Tobacco: Its Contribution to the Economic and Social Development of the Third World". The original monograph was published in 1980; the condensed version followed in 1981 and its final paragraph on page 72 concludes:-

> "Through its investigations and during the course of preparing both the original Monograph and this condensed version, the EIU has kept constantly in mind a crucial question which must be answered: that is, what would be lost if tobacco growing (and export) were entirely removed from the economy? The EIU believes it reasonable to suggest that if tobacco were so removed, the local population would lose a significant source of direct and indirect income and employment with no comparable replacement."

Regarding the third sentence on the role of the so called "all-powerful transnational tobacco companies", many developing countries might regard this allegation as an insult to the sovereignty of their governments. Furthermore the above quoted FAO paper (1982) underlines its falsity when it says:-

> "Production, trade and consumption of both tobacco and tobacco products are subject to government regulation in nearly all countries: the measures used include control of plantings; production quotas; guaranteed prices, incentive payments and subsidies; export and import duties; internal taxes on wholesale and retail sales;

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state and leased monopolies for the manufacture and sale of tobacco products; state trading in tobacco and tobacco manufactures;" (Page 2. Section 1.)

In fact, of course, the transnational tobacco companies do not control "all the tobacco sales and marketing process worldwide". Examination of the USDA Foreign Agriculture Circular FT 6-82 shows that total world tobacco production in 1982 was estimated at 5,681,810 metric tonnes. Investigation of the infra-structure of tobacco production in the producing countries indicates that of that amount 4,705,958 metric tonnes or 83% of the world total originates in countries where prices to farmers are agreed or supported by official organisations. Further countries producing 49% of the total world production figure - i.e. 2,782,370 metric tonnes - have their exports subject to official price control, although it should be added that the exports from those countries do not in themselves represent 49% of the world's exports.

In reference to the last sentence of this paragraph, the truth is that in developing countries tobacco growers and tobacco factory workers are better off as a whole than other produce farmers and factory workers in other industries.

The condensed version of the EIU Monograph (page 10) comes to the following conclusions on the position of tobacco growers in developing countries:-

"The most fundamental consequences stem from the evolving status of the tobacco grower (this is paralleled by the evolving status of tobacco production and export in the Third World: leaf cultivation is expected to move gradually from the fully industrialised countries to Asia, Africa and Latin America). Notwithstanding the often small scale of his operations the tobacco farmer of the Third World is emerging, or has emerged, as a small-scale entrepreneur and as a skilled agriculturist. No farmer, not even the lowliest peasant of the Third World, is an unskilled labourer; initially the grower may have been

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> ignorant about tobacco and equally ignorant about the outside world... Now, thanks in no small part to the activities of the international tobacco manufacturing companies the tobacco grower ranks amongst the elite in his local community, with the more ambitious being persons of considerable social standing."

As regards the income which growers can obtain for their tobacco crop in developing countries, the following comparison is made in the FAO paper (1982):-

> "Nevertheless, tobacco compares very favourably with other crops even in those countries where it yields a relatively low income per unit of land. Thus, in Brazil the only commodities providing gross cash receipts per hectare comparable with those from tobacco are fruits and broiler chickens, for which markets are limited, and - in times of exceptionally high prices - soybeans. In the Indian State of Karnataka, where flue-cured predominates, gross returns from tobacco averaged 8,200 rupees per hectare in 1978, compared with 2,500 rupees for both cotton and groundnuts, 1,350 rupees for jowar and 1,200 rupees for ragi - the last two being staple food crops. Zimbabwean statistics for 1979 indicate that farmers received more than US$2,000 per hectare for flue-cured tobacco, but less than US$130 per hectare for maize - US$135 if it was sold locally - and the ratio between cash receipts from the two crops appears to be very similar in Malawi." (Pages 10, 11. Section 19.)

Finally on the subject of tobacco factory workers' wages in developing countries, the FAO paper (1982) concludes:-

> "Tobacco manufacturing creates extensive employment opportunities, particularly in developing countries where manual methods of production are still the rule, so that

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the labour force may run into hundreds of thousands. The wages and salaries paid by tobacco factories compare favourably with those paid by other industries employing workers with similar skills." (Page 20. Section 33.)

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"Quoting from this report '... The developing countries are totally at the margin in the marketing decision process... they have no influence whatsoever in the design, output and innovation of machinery... The progression of the tobacco transnationals to the privileged status they now enjoy has served to intensify the dependence of the developing countries. Among the developing countries, there are no tobacco trade relations except those carried out through the tobacco transnationals... and if any developing countries were to generate an independent export capability, they would encounter fierce resistance'. To exemplify the minimal amount of benefit that developing countries make out of tobacco, another recent publication (Clairmonte, 16) reveals that in Sri Lanka the tobacco industry has not brought any foreign capital into the country since 1938."

3. Comment

The random quotations from the UNCTAD report suggesting that tobacco transnationals have brought developing countries to a state of dependence are clearly invalid in the light of the paragraph from the FAO paper on government regulation and control already quoted under Comment 2 above.

As regards the allegation that "there are no trade relations except those carried out through the tobacco transnationals", this is palpably untrue in the light of the existence in developing countries of local national tobacco companies, leaf growers' associations, wholesaler associations and, of course, National Tobacco Boards and government agencies.

The statement that "if any developing countries were to generate an independent export capability, they would encounter fierce resistance", totally ignores the existence and role of National Tobacco Boards and other official bodies in the developing countries and the assistance and co-operation afforded to them by the international tobacco companies. The export capability that has been generated by developing countries is vividly illustrated by Table 1.10 on page 14 of the FAO paper. This table shows the exports of unmanufactured tobacco from the 21 principal exporting countries, of which 15 are developing countries. Furthermore,

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figure 1.2 on page 13 shows that in terms of volume the developing countries produced in 1981 53% of the world exports of tobacco leaf.

As regards the last paragraph, Mr. Clairmonte's approach to capital investment ignores the advantages to a national economy of companies building up their equity from local sources. Also no mention is made of the considerable proportion of annual tobacco industry profits which have been re-invested in Sri Lanka, nor of the industry's initiation of the coconut bricket project, the paddy husk for fuel scheme, the Mahaweli H9 scheme and the orchid scheme. In addition the industry has invested large amounts of money in advisory services for farmers on irrigation and tree planting, in addition to the growing of tobacco and other agricultural crops. In conclusion, developing countries in fact derive great benefits from tobacco, as demonstrated by the FAO paper. Sri Lanka is no exception to this and it is misleading to quote it as an example of "minimal benefit".

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"From the agricultural point of view, tobacco-growing requires a large work force during short peak periods at harvest time - a pattern that can create seasonal unemployment. These peak periods coincide with periods when labour is urgently required for cultivating other crops, so that the production of food crops and other crops is discouraged if tobacco is grown. A clear warning is given in a recent report (17) of the UN Research Institute for Social Development entitled, "Famine Risk and Famine Prevention in the Modern World". There it is stated: '...the build-up of international trade whereby developing countries' economies have been increasingly incorporated into the market systems of industrialized countries... has not helped, and sometimes even imperils the food systems for the low-income people' in these developing countries. 'Emphasis on cash crop production for export, often with external financial assistance to the detriment of domestic food production' is considered in the above report as one of the socio-economic and institutional causes of famine. Finally, 'commercial agriculture favoured by government policies is likely to spread and funnel food supplies increasingly into the best markets, which are urban and export markets, while the increasing multitude of land-poor and landless peasants search for income-giving occupations in vain'."

4. Comment

This paragraph has, it would seem, been structured to support the contention that "the production of food crops and other crops is discouraged if tobacco is grown", but objective evidence and expert opionion do not bear this out.

The following extract from the FAO paper (1982) speaks for itself:-

"Tobacco is probably the most widely grown among the non-food crops, being produced in about 120 countries and territories, yet it occupies a mere 0.3 percent of the world's arable land, compared with 0.7 percent for coffee and more than 2 percent for cotton. The proportions of total arable land devoted to these three crops, and to four of the principal food crops, show that the tobacco area is less than half as large as the area under coffee, and occupies only one-eighth of the area under cotton,

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one-thirteenth of the area under maize, and less than one-fifty-fifth of the area under wheat. Moreover, tobacco is frequently grown in rotation with crops such as wheat, maize, rice, groundnuts, or other oilseeds, as well as with grass and clover, not only in developed but also in many developing countries including India." (Page 4. Section 7.)

The new Economist Intelligence Unit (EIU) Study, published in May, 1983, entitled "Tobacco and Food Crops Production in the Third World: Competition or Complementarity?" further underlines the harmonious interrelationship between tobacco and food crops, when it says (page 20):-

"More significantly, tobacco cultivation permits a varied pattern of crop cycles. Land given over to tobacco is not used solely for tobacco during the season but may, often with very good results, be used to produce food crops. Such within-year rotational practices vary widely both in nature and extent; in some areas the opportunities for so doing have already been well exploited while elsewhere there is much scope for a further utilisation of the land's potential. Thus, for the farmer, devoting a part of his farm area to tobacco is not to be viewed as precluding the production of food from the same plot. In Thailand, for example, rice is grown in the half of the year when the same land is not producing tobacco."

The FAO paper (1982) does not see tobacco growing as the creator of seasonal unemployment and the diverter of labour from food crops, as the following extract shows:-

"Tobacco is an important source of employment and cash income in all the countries where it is grown. In most developing countries, production tends to be concentrated on very small holdings and the crop provides a livelihood not only for the growers, but also for unknown numbers of

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family members and other workers. Thus, Zimbabwe's tobacco industry is the nation's largest employer of labour, supporting 17,000 tobacco farmers who are also able to supply 35 percent of the maize, 30 percent of the peanuts, 21 percent of the beef and 17 percent of the winter wheat produced in the country."
(Page 7. Section 11.)

The new EIU Study emphatically supports the above FAO statement, when making the following observation (page 125):-

"Tobacco farming in the Third World can provide a stable and highly profitable occupation for a large pool of unemployed or underemployed labour, during part of each year. At the regional and farmer level, the labour requirements of tobacco farming involve also a number of clear benefits. At the farm level, for instance, and particularly on smallholdings, tobacco farming provides opportunities for members of the family who would otherwise have been unemployed or underemployed for a large part of the year. At the regional level, tobacco farming is often instrumental in arresting the drift away from rural areas and, at the same time, it enhances the mobility of labour between areas at the time of key production operations, such as transplanting and, especially, harvesting."

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"While the production of tobacco in a country may contribute to the GNP of that country, it does so usually at the expense of reduced food production and the consumption of fuel to provide heat for curing tobacco. There is, besides, a danger of other adverse economic and ecological effects. Tobacco manufacture may help to spread deserts in some countries because huge quantities of firewood are cut annually from forests to provide heat for curing the tobacco. The alternative for these countries would be to use expensive, imported fuel. In Zambia, about 8,000 hectares of woodland are destroyed every year to provide wood for tobacco curing, as one hectar of timber is used for one hectare of tobacco."

5. Comment

The allegation regarding reduced food production has been covered in Appendix B to this paper and in Comment 4 above. As regards fuel utilisation for tobacco curing and in particular the allegation that tobacco growing through flue-curing with wood fuel is "spreading deserts in some countries", the document attached to this paper as Appendix A examines in detail this sweeping statement.

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"Most of the tobacco is smoked in the producing countries themselves. Only a few tobacco-producing countries export a substantial part of their tobacco, and this is especially true among the developing countries. In Sri Lanka 5 million kg. of tobacco are produced annually but only 5% is exported. Ninety-five percent is smoked locally. In Pakistan 85% of the national tobacco production is smoked locally. In India 80% of the tobacco is smoked locally. Therefore, tobacco seldom plays an important role in a country's balance of payments. It may even play a negative role."

6. Comment

This paragraph in no way reflects the actual situation regarding the export of tobacco from the developing countries or the part it plays in their foreign exchange earnings and hence their balance of payments. Examination of the USDA Foreign Agriculture Circular - Tobacco FT 8-82 (August, 1982) shows 38 developing countries as tobacco exporters and gives figures in metric tonnes of each country's dry weight production and exports. The percentage relationship for each country between the two figures varied substantially. In Zimbabwe and Malawi exports were over 100%, due almost certainly to some old crop exports being included. Over the whole 38 countries, however, the average percentage figure represented by exports was 37%. Thus these statistics refute the second sentence of the above paragraph.

As regards foreign exchange earnings and the balance of payments, the importance of tobacco to many developing countries is demonstrated by the following extract from the FAO paper (1982) which refutes the last two sentences of the paragraph:-

"Due to the predominance of low-cost, low-quality tobacco in the exports of developing countries, their aggregate foreign exchange earnings from this source averaged only US$1,600 million in 1979-81, compared with US$2,400 million for the developed countries. Nevertheless,

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exports of tobacco play an important part in the agricultural economies of many developing countries which depend on them for a significant proportion of total foreign exchange earnings. Thus, tobacco is the leading export commodity in Malawi and Zimbabwe, where it accounts for over one-half and over one-third of agricultural export earnings, respectively. In Turkey and the Republic of Korea, tobacco leaf is also one of the principal exports, bringing in around 15 percent of total agricultural export earnings. Other developing countries where tobacco is a significant earner of foreign exchange include the Dominican Republic (8 percent of total agricultural exports), India (7 percent), Tanzania (6 percent), Paraguay (5 percent) and Brazil (4 percent)." (Page 13. Section 24.)

Finally it should be noted that, while this paragraph emphasises the amount of home-grown tobacco smoked in the producing countries themselves, it omits to mention that, were this not so, the demands of the domestic market would have to be met by imported tobacco. Through this import substitution, leaf growing therefore saves foreign exchange and thus makes an additional contribution to the balance of payments.

The new EIU Study has this to say (page 24) on import substitution:-

"Increased tobacco production as an import-substitution strategy recognises that smoking cannot be 'disinvented', and local demand for tobacco, even if it can be reduced, cannot be eradicated. A highly restrictive policy is likely to give rise either to contraband trade in tobacco products or, perhaps, covert tobacco-cultivating activities. Thus, even if it takes place alongside Governmental measures to restrain demand, a ban on tobacco imports is ultimately destructive and it is not difficult, therefore, to see why Third World countries wish to expand local output of leaf to reduce dependence upon imports, either of leaf or of tobacco products."

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"A real cost/benefit analysis that would weigh tobacco revenue against health cannot be attempted and would be unethical, as health is much more than a monetary factor. But even so, the conclusion that can be drawn is that tobacco production and consumption can no longer be considered simply as a source of net revenue to governments, as the revenue is of about the same order of magnitude as the economic losses caused by tobacco consumption, and in some countries even less. The gain to a country is thus uncertain. What is certain is the disease that will occur in the country in increasing frequency."

7. Comment

Although apparently now admitting that such an analysis cannot be attempted, the WHO without any cost calculations to support it, is prepared to make the subjective and sweeping assertion in the second sentence of this paragraph. In the light of such assertions, it is not surprising that Dr. Stephen Littlechild Ph.D., Head of the Department of Industrial Economics and Business Studies at the University of Birmingham, England said, when giving evidence before the Waxman Sub-Committee in 1982 regarding the "Comprehensive Smoking Education Act" in the USA, that:-

"In my experience, most of these statements (which attribute social costs to cigarette smoking) are based upon inadequate economic analysis and unreliable statistical data. As a result, they tend to be seriously misleading..."

Finally the last sentence, which must refer to diseases alleged to be related to smoking, if applied to many of the developing countries raises the question of whether the governments and health authorities in those countries are not rightly more concerned with the problems of water-borne diseases and infant mortality than with forecasts of this kind.

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"Despite the fact the tobacco industry may be of importance to the national economy, the disadvantages it brings are overwhelming because, inter alia:

a) tobacco growing requires a very large number of unskilled workers over a very short period of time for harvesting. This creates seasonal unemployment. Conversely, in certain industrialized countries tobacco production is becoming increasingly mechanized, thus leading to higher capital demand and decreased labour demand. This trend has already eliminated jobs and small farming enterprises in the industrialized countries and is expected to spread to developing countries too."

8. Comment

A correct presentation of the situation described in the first two lines of this paragraph would be "Tobacco-growing creates large-scale permanent employment and in addition significant seasonal employment for people for whom there are few alternative employment opportunities".

The contribution of tobacco-growing through seasonal employment when there is a shortage of alternative employment is recognised in the FAO paper. In relation to the United States, where the degree of mechanisation in tobacco growing is very high, the paper comments:-

"Most of the work is carried out by the farmers themselves and their families, but about one-half of the specialized tobacco farmers covered by the Census of Agriculture reported hiring labour during peak periods usually for less than 25 days. The total number of hired farm workers engaged by tobacco farmers each season can be estimated at some 450,000 - 500,000, mainly women and young people, older people and those with limited skills, for whom there are few alternative employment opportunities." (Page 36. Section 7.)

On the overall employment situation the FAO paper, as already quoted under Comment 2, concludes:-

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> "Tobacco-growing generates large scale rural employment in over-populated areas and provides a ready source of cash for smallholders who would otherwise be dependent on less remunerative crops or on subsistence farming." (Page 30. Section 32.)

As regards the mechanisation trend spreading to developing countries, there is no reference in the FAO paper to the likelihood of this becoming a significant factor in the foreseeable future. Futhermore the WHO Position Paper itself (page 33, para. 2, lines 3 and 4) quotes UNCTAD as saying that "the faster growing producing and consuming regions are essentially the developing ones". In view of this growth, new jobs should inevitably be generated in tobacco-growing and its ancillary industries, which will counterbalance the mechanisation trend, if it comes.

In any case the new EIU Study sees little or no prospect of the mechanisation trend spreading to the developing countries and it comments (page 9) as follows:-

> "Mechanisation of many field operations is anyway not feasible on the small plots usually encountered in the tobacco sector and, in the many countries where land reform has brought ownership to large numbers of farmers, consolidation of holdings into areas large enough to make mechanisation viable - consolidation by leasing or cooperative working (common in the older tobacco-growing countries such as the USA and Italy) - has not yet commended itself to farmers."

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"b) The tobacco market and tobacco growing is mostly directly or indirectly controlled by multinational companies and their local subsidiaries. The interest of these companies is, of course, not to retain their profits in the developing countries where the tobacco is grown. Thus the economic maneouvrability of tobacco cultivating countries is reduced."

9. Comment

The first two lines of this paragraph are refuted by the reference to government regulation and control in the FAO paper (Page 2. Section 1) already quoted above under Comment 2.

The allegation in the second sentence is emotional rather than rational, because any company investing outside its domestic base, in either other developed countries or developing countries, would not do so unless it could look to the remittance of profits in some degree. The tobacco industry is no different from other industries in this respect. Furthermore almost all developing countries welcome foreign investment, so clearly they do not fear loss of "economic manoeuvrability".

As regards the allegation that multinational tobacco companies and their subsidiaries are not interested in retaining their profits in developing countries, this is not borne out by the facts. For example, in 1982 the locally published accounts of the affiliates of a major multinational tobacco company operating in Latin America show that in that year the average percentage of profits retained by its affiliates in six Central American countries was 41.2% and in five South American countries it was 40.9%.

Indeed many examples can be quoted of the affiliates of multinational tobacco companies reinvesting profits in projects outside tobacco, such as hotel chains, pulp mills etc. which because of their foreign exchange earning potential are in line with national aspirations.

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

Finally tobacco-growing, because of its multiplier effect, generates investment in industrial processes ancillary to it and these in successful export orientated growing areas become the take-off point for yet further economic activities like banks, hotels, legal and other professional services.

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

(EXTRACT WHO)

"c) The idea of gaining new export markets by promoting tobacco production often fails to be translated into reality because locally grown tobacco is primarily used locally. The land situation in the Third World is also becoming alarming - according to the FAO (18) over 4 million hectares of valuable land were used for tobacco cultivation in 1981. About 70% of this was in developing countries. The marketing aim of the major tobacco companies is to spread the habit in developing countries, thus often reducing the likelihood that these countries can export their own tobacco."

10. Comment

With reference to the first sentence, even where local usage may inhibit the export of tobacco, tobacco growing in developing countries saves them foreign exchange by import substitution - i.e. the avoidance of imports of tobacco leaf from other countries which costs foreign exchange. The condensed version of the EIU Monograph on Leaf Tobacco (page 9) sums it up as follows:-

"Savings in scarce foreign exchange are also achieved since the bulk of production of unmanufactured tobacco is required for local consumption. Such tobacco does not enter into international trade but it does eliminate imports that have to be paid for in foreign currencies."

As regards the next two sentences, the FAO has not said or implied that "the land situation is becoming alarming" as applied to tobacco growing. In fact the FAO paper, as quoted under Comment 4 of this paper, emphasises that tobacco only occupies "a mere 0.3 percent of the world's arable land".

As far as the last sentence is concerned, the major inhibitor of exporting is not local usage but the quality of the tobacco grown in developing countries. In the developing countries which now export successfully and in those which have eventual export as their aim, the international tobacco companies have played a vital part in improving quality

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

through their extension services. This is fully recognised by the EIU publication (pages 35 and 36) referred to in the first paragraph above, when it says:-

> "The extent to which thorough and regular extension services are provided is perhaps the key criterion of true commitment to development. This varies quite considerably. Less scrupulous local operators may maintain a minimal, virtually non-existent presence, being concerned solely with the purchase of tobacco from any source and by any means. Other participants, and this category includes without exception the international tobacco manufacturing companies, undertake their responsibilities conscientiously and thoroughly."

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

(EXTRACT WHO)

"d) By initiating tobacco production, developing countries also 'import' the basic social conflict between growers and manufacturers on the one hand and health care systems on the other."

11. Comment

The initiation, in almost every tobacco producing developing country, took place years ago. It has brought very significant benefits to their governments, in terms of revenue through tobacco taxes, tobacco leaf exports and import substitution. It has also been a major factor in the social and economic development of those countries, particularly to the growers - rather than the generator of "social conflict".

There is no "social conflict" between the growing and manufacture of tobacco and health care systems in developing countries except that which could be promoted if, on alleged health grounds, subjective and extremist anti-smoking propaganda is promulgated. The health care systems are rightly most concerned with the diseases most prevalent in their countries - for example water-borne diseases and infant morbidity in many developing countries.

In purely practical terms health care systems are in varying degrees financed by government revenue. In this context the contribution of tobacco and other industries to government revenue plays a significant part. In Brazil for instance, the estimated government revenue from tobacco taxes in 1982 was Cruzeiros 554.5 billion. Minister Jair Soares forecast a figure of Cruzeiros 564.1 billion for the health section of the Brazilian Medical Welfare Institute's Budget in 1982. On those estimates, tobacco taxes amounted to 98.25% of the health section's financial requirements.

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"Developing countries not yet engaged in tobacco cultivation should therefore refrain from doing so even despite the short term benefits promised by the international tobacco industry. For those countries where tobacco is already cultivated the strategy for the future should aim at a reduction and ultimately an end to this damaging industry. Such a strategy implies carefully designed plans for the substitution of tobacco by other crops. These new crops must give the grower as much cash as was previously obtained for tobacco or, alternatively, must include the food which farmers previously had to buy with cash earned from tobacco. Crop diversification should include some form of assistance to farmers and market support similar to that now available for tobacco. Thus crop substitution may to some extent be a prerequisite for the implementation of measures aimed at control of smoking in developing countries. It is a good policy for two other reasons also: first, efforts to combat malnutrition should benefit from a shift from the growing of tobacco to the growing of food, and secondly, an early shift to other crops might prevent future economic problems arising from decreasing tobacco consumption in many developed countries. Examples of economically valid crops for tobacco substitution are, for example, plantain, tomatoes, apples and other fruits."

12. Comment

The benefits of tobacco cultivation have been set out in the FAO paper which has been widely quoted in the comments in this paper. It is obvious to any reader of that paper that the benefits are not short term, nor do they derive from promises made by the international tobacco industry to the governments of developing countries, which are in any case perfectly capable of seeing through any misleading incentives that might be offered to them by the tobacco industry or other industries.

As regards the second sentence of this paragraph, the disastrous economic and social effects of the reduction and ultimate termination of the tobacco growing industry in developing countries become obvious from even a superficial examination of the FAO paper and need not be reiterated here.

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

The proposals for the substitution of tobacco by other crops, even if a developing country producing tobacco could be induced to accept the resulting damage to its economy, are totally impracticable. As evidenced by the FAO paper, equally valuable crops in cash terms are almost non-existent. Furthermore a shift from the growing of tobacco to the growing of food would have virtually no effect on malnutrition, because Table 1.3 on Page 5 of the FAO paper shows that 38.9% of the world's arable land is growing wheat, rice, maize and soya beans, whereas only 0.3% is under tobacco, on much of which rotation food crops are already grown.

Finally the new EIU Study (page XV) sums up what ceasing tobacco production would entail in the following words:-

> "In the final analysis, the test of tobacco's usefulness lies in assessing the social and economic consequences of the cessation of production and export. The present study indicates that ceasing tobacco production would entail, at the rural level, the widespread loss of job opportunities as well as the loss of a source of remunerative and stable incomes. Also lost would be the agronomic and management skills conferred by tobacco growing. At the national level, the removal of tobacco would result in foreign exchange losses for both exporting countries and those countries engaged in import substitution. In most circumstances, it is extremely unlikely that the additional food production which might arise in such a situation would outweigh the adverse social and economic consequences."

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

(EXTRACT WHO)

"An interesting example comes from Brazil, where one of the multinational tobacco companies began an investment in other cultures, especially citrus fruit, so as to create a crop substitute in the expectation of a probable reduction in tobacco demand (Achutti: personal communication)."

13. Comment

There is no factual backing whatever for this statement and Mr. Achutti must have been misled. The affiliate of one international tobacco company has a plant in the South of Brazil which processes grape juice and a very small amount of citrus juice, which might have led to a rumour that citrus fruit was being grown as a crop substitute for tobacco, but if such a rumour arose, it is unbelievable that any credence could be given to it, in the light of the maintained demand for tobacco on the domestic market in Brazil and the boom in tobacco exports from that country.

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

APPENDIX A

WOOD FUEL UTILISATION IN THE PRODUCTION OF FLUE-CURED TOBACCO

In the past few years the opponents of smoking have, on numerous occasions, accused the tobacco industry of depriving the poor man of his natural fuel resources by the use of wood in the production of flue-cured tobacco. The Position Paper recently prepared by the W.H.O. Secretariat for the W.H.O. Expert Committee on Smoking Control Strategies in Developing Countries alleged, for example, that tobacco manufacture may help to spread deserts in some countries because huge quantities of firewood are cut annually from forests to provide heat for curing the tobacco. Sweeping and emotive statements of this kind do not however stand up to objective examination of facts.

1. Percentage of tobacco cured with wood in the "Free Market" Countries

There is little published information on worldwide fuel usage patterns for the variety of fuels used for flue curing. In 1981 world production of tobacco was 5,682,000 metric tonnes; of this, 2,015,000 metric tonnes was produced in countries with centrally planned economies. Of the remaining 3,667,000 tonnes produced in the "free market" countries in the world, 1,593,000 tonnes were flue cured. Percentages of current fuel usage produced by a major curing barn manufacturer in the U.S.A. are as follows:

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

Fuel	% Usage	Equivalent to the following flue-cured tobacco produced in the "free market" countries Tonnes
Wood	35	557,550
Fuel oil/ Kerosene	26	414,180
Gas	21	334,530
Coal	18	286,740
Others - (less than 1%)		
	100	1,593,000

It can be seen therefore that of the total tobacco of all types produced in the "free market" countries (3,667,000 tonnes) only 557,550 tonnes or 15% is cured with wood.

2. Fuel Type

There appears to be a general trend away from using wood for curing in those countries where an alternative source of domestic fuel is available. A few countries are having to change from oil owing to lack of foreign exchange to import oil products. In volume terms, however, the trend is very much away from wood towards other fuels, notably coal and natural gas.

3. Percentage savings between 1977 and 1981 in wood used for flue-curing

The survey referred to in 2 above established that over this period the following percentage savings per country had been achieved:

Country	Percentage	Country	Percentage
Argentina	9	Malawi	17
Brazil	19	Nicaragua	30
Honduras	29	Nigeria	9
India	20	Sierra Leone	18
Indonesia	7	Sri Lanka	11
Kenya	17	Zaire	29

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4. Further economies in wood fuel utilisation

Research has shown a number of techniques which should yield further substantial savings in wood fuel usage in conventional barns in the future. Examples are the installaton of improved wood burning furnaces; installing jackets around the fuel pipe exit from the furnace with a direct system to warm up incoming air; improving barn sealing and insulation of roofs, walls and floors using low cost, locally available materials and the more efficient utilisation of barn space by uniform packing of tobacco.

5. Use of waste material to replace wood

In Malaysia there is an ample supply of waste rubber wood which is used for flue-curing. In Sri Lanka furnaces have been developed to burn paddy rice husks and it is estimated that 3% of flue-cured tobacco there is now cured by this fuel. In other developing countries tobacco companies are investigating the possibility of using sugar cane bagasse and coconut coir fibre.

6. Afforestation

Tobacco companies have actively encouraged tobacco farmers to plant trees, not only through the provision of tree seed or seedlings but also, and most importantly, by giving farmers extension advice on tree production and management. The total number of trees planted by farmers, with those companies' assistance and advice, over the last 5 years is approximately 71 million, covering 29,500 hectares. It should be furthermore noted that these quoted figures are only a part of the total industry initiative in afforestation. In the South of Brazil for example, there is joint industry action, whereby each tobacco leaf grower plants yearly 500 Eucalyptus seedlings. Thus he obtains the wood needed for his curing barns

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

and leaves a surplus for further growth. In this way growers have planted about 157 million Eucalyptus trees on 62,672 hectares. If one takes the difference between what is used and what is planted annually, the annual wood surplus is 6.8 million cubic feet of Eucalyptus.

N.B. All data obtained from tobacco industry sources

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APPENDIX B

TOBACCO GROWING AND ITS EFFECTS ON FOOD PRODUCTION IN DEVELOPING COUNTRIES

New and objective examination of this subject has emerged in the publication in May 1983 by the Economist Intelligence Unit (EIU) of a study entitled "Tobacco and Food Crops Production in the Third World: Competition or Complementarity?" This study was prepared by staff of the EIU's Agricultural Studies Department.

The purpose of this Ammendix is to outline under eight headings the main findings of this new EIU study, adding a few comments which are considered to be pertinent.

1. Land Usage for Tobacco Production

In Section 7 on page 4 of the FAO paper "The Economic Significance of Tobacco" issued in October 1982 it is stated that tobacco "occupies a mere 0.3 percent of the world's arable land". In the Third World tobacco uses 0.37 percent of the arable land and the new EIU study (pages V and VI of the Executive Summary) emphasises the minor significance of this in the following passage:-

> "Despite being important as an export commodity and in satisfying local demand which would otherwise be met by imports, as well as a major generator of rural employment, the growing of tobacco represents no more than a minor use for land in the Third World. Official figures show that the area devoted to tobacco cultivation in developing countries amounted in 1980 to 2.86 million hectares, or 0.37 percent of the total arable and permanent crops area.

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Source: https://www.industrydocuments.ucsf.edu/docs/kjhl0000

Not only if this of very little significance alongside the areas devoted to major food crops (rice alone, for example, occupies almost 18 percent of the available arable and permanent crops area), but it is a much smaller area than that devoted to several other cash crops including cotton, which accounts for 5.1 percent of the arable and permanent crops area, coffee (1.3 percent), groundnuts (2.3 percent) and cocoa (0.6 percent). Moreover, much of the land classified as 'tobacco' area is occupied by tobacco for only 3-6 months of the crop year (the time between transplanting and harvesting); for the remainder of the year, the land is commonly used for cultivation of other cash crops and/or food crops."

2. New Food Production Arising from Tobacco Growing

The point that tobacco growing often results in the opening up of new land on which food crops are also grown as rotation crops with tobacco is one which is often overlooked. The new EIU study (page XIV of the Executive Summary) makes the following comment on this subject:-

"At the same time, it is important to note that tobacco is frequently the vehicle for the opening up and exploitation of new land. In this way, new food production arises directly out of tobacco growing. Increased food production (and savings on fertiliser) can also arise out of the widely observed effect of tobacco fertiliser residues in increasing the yields of subsequent crops. It must be borne in mind that the termination of tobacco growing can also result in the decline or removal of associated food production.

3. Growing of Tobacco On Land On Which No Other Crops Can Be Raised

The usefulness of tobacco in this particular context is noted by the new EIU study (page 26) as follows:

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"Finally, in some cases, tobacco is cultivated on land that would not support other crops, at least not at viable yields, and is therefore a useful crop insofar as the alternative would, to all intents, be to grow nothing at all."

4. Complementarity of Tobacco Growing and Food Production

This complementarity is underlined by the following extracts from the new EIU study (pages 100 and 101):

"As has been seen above, tobacco cultivation in a number of developing countries is often undertaken in conjunction with some other crop or crops such as rice, maize, etc. In these situations, the two sets of crops typically do not compete with each other for labour. Instead, tobacco growing can become an invaluable and stable occupation during several months of the year for people who would otherwise remain idle."

"Only rarely are tobacco farmers concerned solely with tobacco cultivation. Apart from the traditional and necessary setting aside of land to meet, as a bare minimum, family food requirements, other crops are grown because of the rotational practices and opportunities for intercropping which arise from tobacco cultivation, and, of course, because agronomic and market conditions offer scope for their cultivation irrespective of the presence of tobacco."

5. Beneficial "Spillover" Effects on Other Crops of Tobacco Growing

Testimony as to the profound impact of these effects is to be found in the following paragraph in the new EIU study (page 106):

"It is thus apparent that the impact of tobacco farming upon the practices used in the production of other crops

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in the locale, even if incidental to its primary purpose, is considerable and that such 'spillover' effects are predominantly beneficial. Tobacco farming acts as a catalyst to other agricultural production in the locality, resulting in a number of 'spin-offs' which would not otherwise have reached the tobacco-growing regions so quickly. Amongst these can be numbered the demonstrated lessons on the value of crop rotation and soil analyses; the benefits to other crops of the use of tillage machinery bought for use on tobacco land; and, the overall gains from farmers practicing, for the benefit of all their crops, skills and insight into good husbandry in general acquired through their involvement in tobacco cultivation. In a rural economy which is founded upon agriculture and where the availability of technical assistance from the government extension service may be minimal, the incidental effects of tobacco cultivation can be invaluable and its impact extremely profound. The particular value of tobacco as a 'teaching' crop, often cited, is thus of broad practical relevance and of potentially far-reaching beneficial impact."

In this context also the new EIU study (page 83) pays tribute to "the technical advice made available to tobacco farmers by the manufacturers' and merchants' extension services and the extent to which this may lead to improved cultural practices being applied to other crops." Largely owing to the advice of the tobacco companies sub-soiling and deeper ploughing to avoid soil erosion are now common practice in Central America and parts of East and West Africa. In Brazil 95 per cent of the tobacco crop is planted by farmers who observe the principles and practice of soil conservation. In hilly country, as in Kenya and Sri Lanka, farmers are advised and encouraged by the tobacco companies to construct contours and plant on the contour. In the purchase of pumps and ancillary equipment and in the provision of tractors, tobacco companies have also been of considerable assistance to the farmers.

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6. Increase of Other Rotation Crops Due to Tobacco Fertiliser Residues

The substantial benefits to other crops from this aspect of tobacco growing is evidenced in the following paragraph in the new EIU study (page 124):

> "Moreover, as indicated in Chapter V, during the discussion of spillover effects of tobacco cultivation, complementarity between tobacco and other crops is often more than merely a question of the chronological order in which the various crops are grown. Yields of other crops, notably maize and groundnuts, can increase substantially due to the impact upon subsequent crops of residues of fertiliser in the soil after tobacco harvesting. Observation shows that the yields of crops following tobacco are often above average as a result of benefitting from tobacco fertiliser residues. At the same time, this enables savings to be made in the fertiliser requirements of those crops following tobacco. In certain cases (for example groundnuts in Jamaica) no subsequent fertiliser application may be required in order to attain average yields. Clearly, any cost savings to the grower are to be welcomed, enhancing overall profitability and raising the level of incomes in the farming sector."

7. Competition or Complementarity?

The conclusion of the new EIU study is that the scale of competition is not significant and that in some areas tobacco complements and can enhance the production of foodstuffs, as the following paragraph in the study (page 130) indicates:

> "In the final analysis, it is undeniable that some competition arises between tobacco and other crops - both food and non-food - in the developing countries. The scale of such competition is not significant within the context either of food production or of all agricultural activities in the Third World. While in some areas food could

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be produced in tobacco areas, in others it is clear that tobacco cultivation complements and, indeed, can enhance the production of foodstuffs through the inter-play of agronomic and economic factors."

8. The Net Increase in Food Production Resulting from the Elimination of Tobacco

The new EIU study reiterates on pages 128 and 129 the positive effects of tobacco growing at farm level and national level, which would of course be lost if tobacco was eliminated. Its finding is that such elimination would only result in a marginal net increase in food production and that there are numerous more effective measures for achieving this increase. The following paragraph (page 127) is the relevant one on this subject:

"The elimination of tobacco cannot be considered as one of the more efficient methods by which to increase food production as part of an overall strategy to develop the agricultural potential of a country. In most cases, it is certain that the net increase in food output as a result of the removal of tobacco would be marginal. As suggested in Chapter III, more effective measures to increase food production include expanding the area under cultivation, increasing yields, reducing pre- and post-harvest losses, upgrading the capabilities of farmers and providing appropriate incentives to encourage greater food production, and improving distribution systems. Once higher output is achieved, it must then be made available to those in need."

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WOMEN AND SMOKING

Smoking is becoming more popular among women, both in developed and developing countries. There are numerous theories to explain why this is happening. It has been speculated, for example, that many women start smoking in response to their changing role in society. In that regard, as women enter the business world, they tend to adopt the habits and customs practiced in the working environment, including the use of tobacco products. For whatever reason this growth in popularity has occurred, it has been accompanied by controversy. The primary focus of this controversy has been on health questions, mainly in the area of smoking and pregnancy. Another area of debate relates to assertions that women who smoke and use oral contraceptives are placing themselves at higher risks for stroke and heart disease. Also involved in the general controversy, although in a less direct fashion, is smoking by medical professionals such as nurses.

Despite statements to the contrary, these questions are far from being resolved by the scientific world which continues to conduct research in these areas. This paper will attempt to provide some background information on the complex and multifaceted nature of these questions.

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In the developing countries, health concerns about smoking must be considered in light of severe shortages of basic human necessities such as food and clean water. It has been estimated, for example, that 50 million people starve to death each year and that almost one-fourth of the world's population does not have enough to eat.[1] Furthermore, it has been reported that "over half the peoples of the Third World do not have safe water to drink. Three-quarters have no sanitation ..."[2] The situation was stated even more bluntly in a recent review of health concerns in low income countries:

> "Eight hundred million people in the world are destitute. This is the most pressing human and political problem of our century. Much has been said and written about it. Very little has been done about it."[3]

The impact of such scarcities on the health of women and children in these countries should not be overlooked. Indeed, these problems undoubtedly have direct bearings on fetal and infant health, in addition to maternal health.

Smoking and Pregnancy

As was mentioned above, discussions about smoking and women focus mainly on claims that smoking causes various

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maternal and fetal problems. Those discusssed most frequently are low birth weight, increased perinatal mortality (deaths occurring shortly before or after birth), and long-term impaired physical and mental development of the child.

Low Birth Weight (LBW). Some studies have reported that smoking mothers are more likely to have LBW infants on the average (defined as weighing 2500 grams or less at birth) than nonsmoking mothers. In many of these reports, it has simply been assumed that if the mother of an LBW infant smoked during pregnancy, then her smoking caused the condition. However, this view was questioned recently by the current director of one of the first studies to identify this increased tendency to LBW infants among smoking mothers. After observing some 15,000 women for nearly two decades, her group has noted findings that she stated "cannot be explained" by maternal smoking and underscore "the need for a larger study."[4]

In one of the studies which prompted her comment, her group found that "a variety of other maternal characteristics," such as socioeconomic status, age, and ethnic background, influenced the observed association between smoking during pregnancy and LBW.

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Subsequent work by these researchers was designed to test the hypothesis that smoking causes the increased incidence of LBW against the alternative hypothesis that it is due to other differences between smoking and nonsmoking pregnant women besides their smoking habits. When the birth weights of infants born to women before and after they started smoking were compared in one such study, it was determined that these women tended to have smaller infants even before they began smoking.[5] Such findings, the investigators reported, "raise doubt and argue against" the proposition that maternal smoking affects the fetal weight and suggest that the higher tendency to LBW in smoker's infants may be due to "the smoker, not the smoking."[6]

Additional evidence supporting this hypothesis is provided by a clinical biochemist who has been investigating the causes of LBW among economically disadvantaged patients at a maternity hospital in Glasgow, Scotland. According to the biochemist, he and other researchers in the field have found that "the biological characteristic of the poorer social groups that is of relevance to fetal growth retardation is their poor nutritional status and not, as has been claimed, their smoking habits." Indeed, he asserted, the evidence against the

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hypothesis about the causal role of smoking from such research is so "considerable that alternative hypotheses are required to explain the findings of studies on smoking in pregnancy."[7]

Among these hypotheses, he regards "the evidence for the 'nutritional' and 'constitutional' hypothesis" as "far more convincing." In fact, he views the evidence as so persuasive that he is concerned "the solution of this serious social problem, i.e. lack of proper nutrition, will be neglected if undue attention is given to smoking."

Perinatal Mortality. In their studies of pregnancy outcome, the researchers cited above have also collected data relating to perinatal mortality. Here again, their studies suggest that the statistical association between smoking and this increased death rate is much more complex than has been suggested. For example, results from the study on the pregnancy outcome of 15,000 pregnant women "do not provide evidence that smoking during pregnancy raises the risk of spontaneous abortion and stillbirth."[8]

Similarly, the Scottish researcher challenged the claim that maternal smoking is a proven cause of perinatal mortality because, in his view, the association with smoking

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lacks "the consistency to be of causal significance" and because of other evidence which does not support this hypothesis. In this regard, he has found that in Britian, "social class appears to affect the maternal size and nutrition" and could be "a very important factor" in perinatal mortality. Consequently, he predicted that a program of dietary intervention could lead to a striking reduction in the incidence of perinatal mortality.[9]

In low income countries increased infant mortality appears to be part of a seemingly unbreakable pattern related to the overall poor health conditions faced by the entire population:

> "[P]oor health and poor nutrition increase infant mortality which encourages more births; lack of knowledge worsens nutrition and health; ill-health induces malnutrition; poor housing or lack of access to piped water breeds disease."[10]

The World Health Organization itself places great importance on these problems: "Contaminated water along with inadequate sewage and other waste disposal facilities, poor food hygiene, and inadequate housing are the principal problems in the poor urban and rural areas."[11]

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The impact of these conditions on the health of children is obvious. It has been estimated that in the Third World, one-half of all deaths occur among children under five. Among the infectious diseases responsible for such a high death rate, diarrhea, caused by an unsanitary environment and lack of clean drinking water, is the most devastating. This disease has been estimated to kill 6 million Third World children and to contribute to the death of up to 18 million each year.[12]

Proposals to improve this situation have been advanced by an official of the United Nations Children's Fund (UNICEF), who suggests that enormous advances could be made with relatively simple methods such as supplementary feeding for undernourished pregnant women:

> "For it is known that the nutritional well-being of the pregnant woman is the most decisive factor in the birth-weight of the baby -- and that the birth-weight of the baby is the most decisive factor in its chances of survival. . . . Applying this knowledge could therefore have a revolutionary impact on maternal and child health."[13]

He cited the example of Guatamala, where supplementary feeding of undernourished women in the last three months of pregnancy led to the reduction in the incidence of LBW infants by 75 per cent and associated infant deaths by 50 per cent.

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Further, the UNICEF official asserted that the lives of 20,000 children could be saved each day by adopting four simple, low-cost health measures: oral rehydration therapy for children with diarrhea; breast feeding of infants; the use of child growth charts to detect hidden malnutrition, and immunization of all children to prevent measles, diphtheria, tetanus, whooping cough, poliomyelitis and tuberculosis.

Childhood Development. Only a few researchers have examined the possible effects of maternal smoking on the long-term mental and physical development of children; their research has produced conflicting results.

A recent study on this question by a researcher who believes smoking is harmful failed to find any significant differences at ages 10 between the children of mothers who did smoke and those who did not during pregnancy in regard to physical, intellectual, emotional, personal and social factors. In addition, he criticized much of the research on long-term development because of problems regarding study design, analysis, or both.[14]

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Moreover, the findings of that study are similar to those of two American researchers who reported no significant differences in either physical measurements or intellectual functioning at ages four and seven of children born to smokers compared to children born to nonsmokers.[15]

Even an update of an ongoing British study frequently cited for reports on developmental differences between children of smokers and nonsmokers produced findings that cast some serious doubt on a causal role for smoking. The investigators, who are opposed to smoking, noted that background factors such as social class substantially reduced the developmental differences between children of smokers and nonsmokers. They concluded that other factors, not yet identified, might cause the statistical association to disappear altogether.[16]

Smoking and Oral Contraceptives

The assertion that women who smoke and use oral contraceptive (OC) products are more likely to die from cardiovascular disease receives no support from the findings of a study of cardiovascular mortality in Switzerland. In fact,

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the study, which covered the period 1951-76, found a "dramatic" decline in cardiovascular mortality among Swiss women during the same period when they smoked more cigarettes and started "extensive" use of OC's.[17]

Interestingly, in the United States, scientific evidence cited to support a warning about smoking that is now required to be placed on all OC packages was criticized by a number of prominent statisticians. They contended that the studies relied on suffered from statistical weaknesses, inadequate sample sizes, and other methodological problems. They also were concerned that a statistical relationship between OC's, smoking and disease might divert scientific attention from other factors that could explain this observed relationship.[18]

Recently, one of these statisticians again reviewed scientific literature on this subject during U.S. Congressional hearings on proposed legislation dealing with warning labels on cigarette packages. She stated that language in the bill relating to OC use, smoking, and increased risk of disease was "at present groundless" because the statistical evidence on which it was based was "limited, weak, controversial, and

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subject to severe criticism by impartial experts." She also based her criticism on other studies in the literature that "have come to the opposite conclusion" and "claim that there is no interactive effect" between OC use and smoking on the occurrence of heart attack or stroke. She concluded her review with the assertion that "the evidence for either conclusion is limited and weak and subject to serious scientific criticism."[19]

Smoking and Nurses

There has been growing criticism of individuals in the medical profession who smoke, especially nurses, apparently because of the example they may be setting. The question of whether nurses should be permitted to smoke while they are at work is a matter of institutional policy. However, the question of whether the nurses should be pressured not to smoke while they are not at work is another matter. They, like other well-informed adults, should have the unrestricted free choice to make their own decisions about whether or not to smoke in their everyday lives.

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Conclusion

In summary, it is readily apparent that the issues surrounding women and smoking are extremely complex. Attempts to single out smoking as the cause of poor pregnancy outcome are oversimplifications of what is understood by the scientific world. Studies of these questions must take into account a multiplicity of factors and concerns. When this is done, a much more complicated scientific and social situation emerges.

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